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**TRUTH COMMISSION TESTIMONY:  
RELATION TO PSYCHIATRIC STATUS AND  
FORGIVENESS AMONG SOUTH AFRICAN  
SURVIVORS OF HUMAN RIGHTS VIOLATIONS**

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**Thesis presented for the Degree of  
DOCTOR OF PHILOSOPHY  
In the Department of Psychology  
UNIVERSITY OF CAPE TOWN  
January 2005**

### **Declaration**

**I confirm that this is my own work and the use of all material from other sources  
has been properly and fully acknowledged.**

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## **ABSTRACT**

### **TRUTH COMMISSION TESTIMONY: RELATION TO PSYCHIATRIC STATUS AND FORGIVENESS AMONG SOUTH AFRICAN SURVIVORS OF HUMAN RIGHTS VIOLATIONS**

Unlike previous truth commissions, the South African Truth and Reconciliation Commission (TRC) adopted a victim-centred testimony approach that currently serves as a model for truth commissions in other countries. While the TRC has claimed that testifying resulted in psychological healing and forgiveness for deponents, to date this has not been systematically assessed. The present study aimed to examine the degree to which giving TRC testimony is related to current psychiatric status and forgiveness attitudes among survivors of human rights abuses. A literature review examined the degree to which the TRC's claims are supported by the existing theoretical and empirical literature on trauma narratives and on forgiveness, and guided the way that psychological outcomes were assessed in the current study. Survivors ( $n=134$ ) who gave public, private or no testimony to the TRC completed standardised instruments measuring demographic variables, exposure to human rights abuses, current psychiatric status and forgiveness attitudes towards the perpetrator(s). Chi-square and log-linear analyses indicated that giving private or public testimony was not associated with lower rates of psychiatric disorder (specifically, depression, PTSD and other anxiety disorders) and may in fact be associated with an increased risk of PTSD for some participants. While a one-way ANOVA test indicated that there was no significant difference in mean forgiveness scores between the three groups, a polarisation in forgiveness attitudes was present among deponents who gave public testimony. Exploration of moderating factors through two-way ANOVA tests and regression analysis indicated that this polarisation is associated with the type of violation about which participants gave public testimony. A subsequent analysis of public testimony transcripts, which utilised techniques from grounded theory as well as statistical comparison, generated the hypothesis that polarised forgiveness attitudes are associated with the type of response that participants received from the truth commission panel at the public hearings. Specifically, a commission response entailing individualising acknowledgement was received by participants who testified about being tortured, and was associated with a very forgiving attitude towards the perpetrators, while a response entailing a lack of individualising acknowledgement was received by participants



who testified about the killing of a family member through political violence, and was associated with an unforgiving attitude. Possible interpretations of these findings are considered in light of the methodological limitations of the study, the lessons learned from this exploratory study in a new area of research are illustrated, and recommendations for truth commission research and practice, and for forgiveness theory and research, are offered.

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## CHAPTER 1

### INTRODUCTION

*“Among the keynotes of sorrow and suffering there are soft silences where we who belong to this landscape, all of us, can come to rest.”*

(Antjie Krog, 1998, p. 217)

Politically motivated human rights abuses are a feature of many socio-political systems worldwide. Amnesty International (2004) has documented the commission of human rights violations such as extra-judicial executions, disappearances, torture, genocide, and detention without trial in 155 countries, with victims numbering in the hundreds of thousands. Studies of the effects of human rights abuses have reported a high prevalence of psychiatric disorders and poor psychological adjustment among survivors. As the psychological consequences of human rights abuses begin to be better understood, researchers and clinicians are faced with the challenge of developing mechanisms that facilitate the psychological healing of survivors.

In South Africa, the Truth and Reconciliation Commission (TRC) recently constituted one such potential mechanism for survivors of human rights abuses perpetrated during the apartheid era. Following the example of previous truth commissions in other countries, it was the task of the TRC to establish “*as complete a picture as possible of the nature, causes and extent of gross violations of human rights*” occurring under the apartheid system between 1960 and 1993<sup>1</sup>. While South Africa’s TRC identified the task of national healing and reconciliation as central to its objectives, it also defined itself as a forum for individual healing and forgiveness – as a public space for personal healing. The TRC’s official report and subsequent publications by TRC commissioners are peppered with references to the positive impact of testimony upon the psychological well-being and forgiveness attitudes of deponents. The aim of the current study was to systematically assess the TRC’s claims regarding the psychological benefits of truth commission testimony for individuals.

This chapter will, firstly, review the claims that have been made regarding the benefits of TRC testimony for survivors of human rights abuses. Thereafter, the research aims and



methodological approach of the current study will be delineated. Finally, the structure of the dissertation will be outlined.

## 1.1. The TRC's Claims

### 1.1.1. *The TRC as a Site of Psychological Healing*

The TRC's final report (Truth and Reconciliation Commission, 1998, vol. 1) proposed that the process of giving testimony "*served a therapeutic function in that it provided victims with an opportunity to speak about their suffering or that of their families to people who listened sympathetically and acknowledged their pain*" (p. 140). The report further describes the healing effect of the TRC process, in phrases such as "*the healing potential of storytelling*" (Truth and Reconciliation Commission, 1998, vol. 5, p. 351) and "*healing through truth-telling and official acknowledgement*" (Truth and Reconciliation Commission, 1998, vol. 5, p. 351). The report also quotes several testifiers who explicitly described the healing effect of the testimony process. For example, a survivor who had been blinded by the police poignantly told the commission that "*it feels like I have got my sight back by coming here and telling you this story*" (Truth and Reconciliation Commission, 1998, vol. 5, p. 352), while another stated that "*the [Commission]...has begun a healing process in all sorts of relationships in my family and has enabled me to begin on my own road to inner healing*" (Truth and Reconciliation Commission, 1998, vol. 5, p. 353). This 'healing through storytelling' motif was prominent at the TRC's public hearings, where posters on the walls announced that 'revealing is healing' and 'the truth hurts: silence kills' (Ross, 2003).

In subsequent publications, TRC commissioners have repeatedly emphasised the role played by the TRC process in facilitating psychological healing for individual testifiers. Alex Boraine, the Deputy Chair of the TRC, describes "*the individual catharsis that took place on many levels*" (Boraine, 2000, p. 352) and asserts "*there can be little doubt that many of those who appeared before the truth commission felt an enormous sense of relief*" (Boraine, 2000, p. 352). Commissioner Mary Burton similarly argues that "*the right to be heard and acknowledged, with respect and empathy, did contribute to a process of healing in many cases*" (Burton, 1998, p. 20), while Commissioner Wendy Orr has said of testifiers that "*the experience of being able to recount their experiences in a supportive, affirming, respectful environment (i.e. hearings) has been extremely positive*" (Orr, 1998, p. 142). Archbishop

Desmond Tutu, the Chairperson of TRC, reports that “*many who came to the commission attested afterwards to the fact that they had found relief, and experienced healing, just through the process of telling their story*” (Tutu, 1999, p. 127).

Despite the TRC’s reports of personal healing among deponents, some members of the mental health community in South Africa have argued that individual testifiers did not necessarily benefit from this process and may, in fact, have risked secondary traumatisation (Stein, 1998; Swartz, 1998). Anecdotal evidence from psychologists working with testifiers suggests that, for some survivors, giving testimony may have led to a re-activation of symptoms associated with the original trauma (Centre for Conflict Resolution, *The trauma of testifying*, retrieved 27 March 2004 from [http://ccrweb.ccr.uct.ac.za/archive/two/6\\_34/p30\\_deridder.html](http://ccrweb.ccr.uct.ac.za/archive/two/6_34/p30_deridder.html); Hamber, 1998; Truth and Reconciliation Commission, 1998, vol. 1). Since there was little therapeutic follow-up of deponents who gave testimony, concerns were voiced to the commission that “*there are wounds that have been left gaping*” (Truth and Reconciliation Commission, 1998, vol.5, p. 356). The emotional damage caused by the intrusive public nature of the TRC process has also been noted:

*the lack of sensitivity with which my story was treated once it left the confines of that space and became part of the public domain was immediately apparent – my face and the story of my life were flashed across the country, on television, in newspapers, magazines and books, and often out of context. It was out of my control and done without my permission* (Henry, 2000, p. 169).

According to Hayner (2002), the Trauma Centre for Victims of Violence and Torture in Cape Town estimates, based on the hundreds of survivors that have attended the Centre, that 50 to 60 percent of those who gave testimony to the TRC suffered emotional difficulties after testifying, or expressed regret for having testified. However, this estimation has not been confirmed through systematic study.

The psychological impact of the TRC on individual testifiers therefore remains unclear: while the TRC has claimed that testimony facilitated psychological healing, others have suggested that it may in fact have been psychologically damaging, and to date no empirical evidence has been offered to substantiate either view (Swartz & Drennan, 2000). Despite this lack of evidence, Hayner (2002) notes that some analysts have recommended that, following the

TRC's example, all truth commissions should hold public victim hearings. Indeed, after consultation with TRC commissioners, among others, the Nigerian truth commission (established in 1999) also included public victim hearings (Hayner, 2002). Similarly, the recently completed truth commission in Peru was the first Latin American truth commission to include public hearings (Hayner, 2002). According to a United Nations Transitional Administration on East Timor's (UNTAET) Regulation, the East Timor truth commission has also elected to have public victim hearings<sup>2</sup>. It is clear that public victim hearings in these truth commissions aim to serve a therapeutic, as well as an investigative, function. For example, the Peru commission has suggested that the public hearings serve "*as an act of dignifying and healing for the victims*" (Human Rights Watch, *Peru confronts a violent past*, retrieved on 19<sup>th</sup> August 2004 from <http://www.hrw.org/americas/peru>), while a press release published on the website of the East Timor commission states that one of the aims of public victim hearings is "*to promote social healing and the rehabilitation of victims through public recognition of their suffering... The aim is not so much an investigation or a full legal process, but more a recognising of the people's suffering by an official body and through this to help victims come to terms with this suffering and their healing*" (Commission for Reception, Truth and Reconciliation in East Timor, *Victim hearing Dili 11 and 12 November 2002: background paper for international media*, retrieved 27 July 2004 from <http://www.easttimor-reconciliation.org/pr/cavr-medianotes-for-hearings-071102-en.html>).

Since the South African TRC, and in particular its emphasis on hearing survivor testimony, is currently held up as a model for future truth commissions, a careful evaluation of the psychological benefits of survivor testimony seems warranted. The current study aimed to establish whether deponents who gave testimony to the TRC display better psychological health than survivors of human rights violations who did not give testimony.

#### *1.1.2. The TRC as a Site of Forgiveness*

Due perhaps to the theological background of some of the commissioners, most notably the Chairperson, Archbishop Desmond Tutu, and Deputy Chair, Dr Alex Boraine, a discourse of forgiveness pervaded the TRC process. The TRC report (Truth and Reconciliation Commission, 1998, vol. 5), subsequent publications by TRC commissioners (Boraine, 2000; Gobodo-Madikizela, 2002; Tutu, 1999), and the South African media have highlighted cases of victims who demonstrated an attitude of forgiveness towards their perpetrators. Scenes of

reconciliation between victim and perpetrator provided the high drama of the TRC process, and were touted as examples of the possibility of reconciliation on a national scale. There are several documented instances of victims extending forgiveness to perpetrators at amnesty hearings, after the perpetrators had given testimony (Biehl & Biehl, 1998; Fourie, 2000; Gobodo-Madikizela, 2002; Hayner, 2002; Truth and Reconciliation Commission, 1998, vol. 5). In addition, some deponents who testified at the public victim hearings stated that they had developed feelings of understanding and forgiveness towards the perpetrators who had violated them or their family members. This was usually described as a process of private philosophical or spiritual reflection, although sometimes encounters with perpetrators or their relatives had played a central role in the decision to forgive (Truth and Reconciliation Commission, 1998, vol. 5; Tutu, 1999). Other deponents at public victim hearings testified that they had managed to achieve a pragmatic state of reconciliation with perpetrators in their communities, with whom they had to be in regular contact, without having actually forgiven them for their actions (Truth and Reconciliation Commission, 1998, vol. 5).

However, some observers have argued that deponents at public victim hearings may have been either gently nudged or overtly coerced towards expressions of forgiveness. It has been suggested by some observers that the commission actively encouraged forgiveness when responding to deponents' testimony at public victim hearings. Wilson (2001), who observed many victim hearings, argues that *"the hearings were structured in such a way that any expression of a desire for revenge would have seemed out of place"* (p. 120). He notes that at some public hearings *"after hearing each testimony, they (the commissioners) asked as a matter of course, 'Do you forgive the offender?'"* (p. 119). Truth commission researcher Patricia Hayner (2002) has also noted this, and argues that this loaded question may have reduced the perceived legitimacy of any expressions of a lack of forgiveness. Hayner (2002) and Wilson (2001) both suggest that deponents were also pressured to express forgiveness in more covert ways. For example, the TRC's message of national reconciliation was prominently displayed at public hearings by way of banners announcing *"Truth: the road to reconciliation"*. Hayner (2000) argues that *"victims and survivors understood the [TRC's] message to be directed at them, as asking them to reconcile with their perpetrators, which led to frustration, even anger, from those who would not or could not forgive quite so easily"* (p. 40). Wilson (2001) suggests further that the commission actively praised victims who expressed a willingness to forgo revenge and to reconcile with perpetrators. Although this has not been documented, it is possible that similar encouragement of forgiveness attitudes may

also have been communicated to those deponents who gave private statements rather than public testimony.

If the TRC did communicate to deponents who gave testimony about their victimisation that forgiveness was desirable, how might this have affected deponents' actual forgiveness attitudes? It is possible that some deponents may have developed genuine and lasting forgiving attitudes through being exposed to either overt or subtle suggestion by the commission while giving testimony. On the other hand, the TRC's emphasis on forgiveness may have angered deponents and had the effect of entrenching an unforgiving attitude. Some deponents have said that testifying at the TRC's victim hearings failed to bring about a sense of reconciliation between themselves and the perpetrators (Centre for the Study of Violence & Reconciliation and the Khulumani Support Group, 1998). A second aim of the current study was, therefore, to explore whether the process of giving victim testimony is associated with either more or less forgiving attitudes among survivors of human rights violations.

## **1.2. Research Aims and Methodological Approach**

In light of the growing trend for truth commissions to follow the TRC's victim-centred approach, and particularly the use of victim testimony, the current study aimed to systematically assess the psychological benefits of TRC testimony for survivors of human rights violations in South Africa. The study explored the relationship between TRC testimony and psychological healing, in order to see whether the TRC's claims regarding the healing impact of testimony were borne out by systematic investigation. The study also explored the relationship between TRC testimony and forgiveness attitudes, in order to assess whether deponents who gave testimony had a different forgiveness attitude than those who did not give testimony.

In order to systematically address these research aims, the study employed a comparison group design, standardised assessment instruments with well established reliability and validity, and established analytical procedures. However, conducting research in the sensitive areas of human rights violations and truth commission testimony presents several challenges to research design and methodology. In finding ways to adapt to these challenges, this exploratory study yielded several lessons that may guide researchers interested in studying the psychological aspects of truth commissions. It is hoped that both the findings of this

study, and the lessons gleaned through the challenges that were encountered, will be of some value to the psychological literature on truth commissions, which is still very much in its infancy.

### **1.3. Structure of the Dissertation**

The dissertation begins with an attempt to set the scene for the current study: Chapter 2 will review the history of truth commissions within the international human rights paradigm, delineate the ways in which the South African TRC differed from previous truth commissions in terms of both its goals and its structures, and evaluate the national achievements of the TRC in order to provide a context for exploring how the testimony process may have impacted upon individual deponents .

In Chapters 3 and 4, there is a narrowing of focus to the psychological issues for individual TRC deponents, and an attempt to define and operationalise ‘psychological healing’ and ‘forgiveness’ in order to assess these concepts. Chapter 3 will examine the psychological difficulties that have been commonly documented among survivors of human rights abuses, and will also consider whether the TRC’s claims that testimony can be healing has theoretical and empirical support in the existing literature. Chapter 4 will consider current understandings of the concept of forgiveness, as well as whether existing models of the forgiveness process suggest ways in which the TRC could have influenced the forgiveness attitudes of survivors.

Chapter 5 presents the specific research aims for the current study, and delineates the variables of interest. It also describes the research design and methodology that were employed to address the research aims. Chapters 6 and 7 present the analytical procedures that were used to explore the research questions, and the findings of these procedures.

Finally, Chapter 8 will summarise and discuss the findings, consider the limitations and challenges of the study and the lessons that may be learned from these, and offer some recommendations for future research and practice.

#### 1.4. Chapter Summary

This chapter has reviewed the claims by the TRC and its observers regarding the psychological impact of giving testimony. The review indicates two psychological outcomes of the testimony process that have consistently been identified. Firstly, the TRC has suggested that the process of giving testimony resulted in ‘psychological healing’ for many deponents, however some commentators have argued that giving testimony may have had adverse psychological effects. Secondly, the TRC has emphasised the notion of forgiveness towards perpetrators of human rights abuses, and highlighted instances in which survivors who gave testimony to the TRC demonstrated forgiveness towards those who had hurt them. However, others have suggested that the TRC subtly or overtly coerced deponents to be forgiving, which may have angered deponents. None of these anecdotal claims has, to date, been systematically assessed. Despite this, the TRC, and particularly its emphasis on healing through victim testimony, currently serves as a model for truth commissions in other post-conflict societies. This chapter has noted that the aim of the current study was to systematically explore anecdotal claims regarding psychological healing and forgiveness for deponents who testified at the TRC, and has indicated the methodological approach that was adopted to enable such systematic investigation. Finally, the structure of the dissertation has been described.

#### Notes:

1. Promotion of National Unity and Reconciliation Act (No. 34 of 1995), Office of the President, Republic of South Africa No. 34 of 1995 (#1111, July 26, 1995).
2. UNTAET/REG/2001/10, 13 July 2001.

## CHAPTER 2

### SETTING THE SCENE: TRUTH COMMISSIONS AND THE SOUTH AFRICAN TRC

*“Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any map of the world.”*

(Eleanor Roosevelt, 1958)

While many truth commissions have preceded the South African TRC, the latter’s emphasis on hearing survivor testimony and on creating a space for personal healing and forgiveness differed markedly from the objectives of previous commissions in other countries. This chapter considers the broader international and local context within which the South African TRC is located. The historical development of truth commissions as a mechanism for transition in post-conflict societies will be traced, the political function and aims of the South African TRC will be considered, the way in which the commission was structured in order to achieve these aims will be delineated, and perspectives on the degree to which the TRC has fulfilled its official mandate will be evaluated. This contextual review draws on published literature from the areas of political psychology, peace studies and international human rights law, in which writings on truth commissions and the South African TRC have primarily been located.

#### 2.1. Truth Commissions: A History

The possibility of establishing a truth commission as a transitional mechanism in South Africa would not have arisen without the international developments in human rights that characterised the second half of the twentieth century. Discourses of human rights, while evident at previous points in history, have been a distinguishing feature of the post-World War II period in international politics and law. The historical development of notions of ‘human rights’, and abuses thereof, will be briefly traced. Thereafter, the role of truth commissions in addressing human rights abuses in contexts of post-conflict transition will be reviewed and evaluated.



2.1.1. *Human Rights in the Twentieth Century: From Nuremberg to an International Criminal Court*

The concept of human rights encompasses the notion that “*individuals, wherever in the world they live, possess a few basic powers which no political order can remove*” (Robertson, 1999, p. xiii). Until the aftermath of World War II, individual citizens had no rights in international law and there were no international bodies charged with protecting citizens from being abused or violated by their own states. But the atrocities perpetrated by the Nazis during the Holocaust provided the impetus for the development of a new notion of ‘crimes against humanity’: crimes carried out by the state against ordinary citizens, as opposed to ‘war crimes’ inflicted on enemy soldiers and prisoners-of-war (Robertson, 1999). Article 6(c) of the 1945 Nuremberg Charter<sup>1</sup> proposed that states or state agents would be held criminally responsible, in international law, for sanctioning torture and genocide against their own citizens. The establishment of the international tribunal at Nuremberg (and a similar one in Tokyo) after World War II served as the prototype for future such tribunals designed to investigate and punish state-perpetrated human rights abuses.

Shortly after Nuremberg, in 1948, the United Nations adopted the Universal Declaration of Human Rights<sup>2</sup>. The Declaration’s thirty Articles define human rights in specific terms, such as: “*no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment*” (Article 5), “*no one shall be subjected to arbitrary arrest, detention or exile*” (Article 9), and “*everyone has the right to take part in the government of his (sic) country, directly or through freely chosen representatives*” (Article 21). Individuals, and not just states, now had rights in international law. As Ignatieff (2000) later observed “*human rights has gone global, because it has gone local, and it has gone local because it empowers individuals against patriarchy, tribe, clan, family and nation*” (p. 5).

After the adoption of the Declaration, South Africa’s apartheid policies were frequently the focus of United Nations’ censure. For example, the international condemnation of the apartheid state that emerged after the 1960 Sharpeville massacre culminated in the United Nations declaring apartheid a crime against humanity in 1967, and calling for economic sanctions against South Africa (Robertson, 1999). In 1973, Article 1 of the International Convention on the Suppression and Punishment of the Crime of Apartheid<sup>3</sup> defined apartheid as:

*legislative and other measures calculated to prevent a racial group or groups from participation in the political, social, economic and cultural life of the country[...], in particular denying to members of a racial group or groups basic human rights and fundamental freedoms, including [...] the right to nationality, the right to freedom of movement, the right to freedom of opinion and expression, the right to freedom of opinion and expression, and the right to freedom of peaceful assembly and association.*

It stated that:

- 1. The States Parties to the present Convention declare that apartheid is a crime against humanity and the inhuman acts resulting from the policies and practices of race segregation and discrimination, as defined in Article II of the Convention, are crimes violating the principle of the Charter of the United Nations, and constituting a serious threat to international peace and security.*
- 2. The States Parties to the present Convention declare criminal those organisations, institutions and individuals committing the crime of apartheid.*

Apartheid is also recognised as a crime against humanity in the 1968 Convention on Non-Applicability of Statutory Limitations to War Crimes<sup>4</sup> and in several Security Council Resolutions<sup>5</sup>.

The second half of the twentieth century saw the ratification of a plethora of international human rights treaties that addressed both universal human rights as well as those of specific groups (e.g. women, refugees and children), and also witnessed the establishment of non-governmental 'watchdog' agencies, such as Amnesty International and Human Rights Watch (Robertson, 1999). It was only in the 1990s, however, that the international human rights agenda began to move beyond the mere ratification of treaties and the United Nation's largely ineffectual attempts to uphold these via diplomatic means alone (Robertson, 1999). The establishment of war crimes tribunals in the wake of 'ethnic cleansing' in both the former Yugoslavia and Rwanda, and the subsequent punishment of war criminals in a few cases, signalled a shift towards the international legalisation of the human rights movement. A short while later, in 1997, 120 nations voted in support of the establishment of a permanent International Criminal Court (ICC). The Rome Statute of the International Criminal Court<sup>6</sup> accorded the Court jurisdiction over 'genocide', 'crimes against humanity' and 'war crimes'.

The ICC's jurisdiction over individual criminal responsibility is distinct from that of the existing International Court of Justice, which is designed to resolve disputes between states and, unlike the war tribunals established in Yugoslavia and Rwanda, its jurisdiction is not restricted to a specific time and place<sup>7</sup>. Legislation governing the ICC makes it possible for this body to prosecute violators of international human rights law who have not been prosecuted by their own state, or have not applied for amnesty in their domestic jurisdictions where an amnesty mechanism is in place, as well as those who are covered by domestic amnesty laws that are deemed to be invalid (Ntsebeza, 2000; van Zyl, 2000). As a permanent institution, the ICC aims to serve as a deterrent to future human rights abuses.

At the close of the twentieth century, then, not only had human rights and human rights abuses been clearly defined and delineated, but the protection of these rights and the mechanisms for punishing violations thereof had begun to be enshrined in international law and enforced by international bodies. Robertson (1999) states that:

*It has been the great achievement of international law, by the dawn of the twenty-first century, to lift the veil of sovereign statehood far enough to make individuals responsible for the crimes against humanity committed by the states they formerly commanded, while at the same time developing a rule that those states have a continuing duty to prosecute and punish them, failing which another state or the international community may bring them to justice. (p. 205)*

With the end of the Cold War and the collapse of the Eastern European communist regimes in the late 1980s and early 1990s, human rights discourses moved beyond the purely legalistic: “increasingly, human rights talk was detached from its strictly legal foundations and became a generalized moral and political discourse to speak about power relations between individuals, social groups and states” (Wilson, 2001, p. xv). Indeed, the pervasiveness of human rights discourses among both politicians and civil society activists led Weissbrodt (1988) to declare that “international human rights is the world's first universal ideology” (p. 1). Wilson (1997) agrees that, at the very least, “human rights could be seen as one of the most globalised political values of our time” (p. 1), although he notes that notions of human rights also have culture- and context-specific parameters.

Despite the development of both legal structures and moral codes for the protection of human rights, the prevalence of human rights abuses worldwide remains disturbingly high (Amnesty International, 2004). Clearly, further mechanisms are required to prevent human rights abuses. Truth commissions have developed as one procedure for not only addressing past human rights violations, but for preventing future ones. The proliferation of truth commissions in post-conflict societies since the 1980s has been rooted in, and made possible by, the growth of the international human rights movement and discourses of human rights.

### *2.1.2. The Role of Truth Commissions in Post-Conflict Societies*

Truth commissions have become an increasingly common feature of societies embarking on the transition from an oppressive regime to democracy. Approximately twenty such bodies have been established in the past quarter-century in countries in Latin America, Africa and the Pacific Rim, and truth commission processes are currently being planned or are in progress in East Timor, the former Yugoslavia and Sierra Leone (Christie, 2000; Hayner, 1994, 2000).

While there are no generally accepted parameters for truth commissions, a truth commission may be loosely defined as an official body that has a mandate to explore all human rights abuses that occurred in a certain country over a certain period of time, and that reveals its findings in some public form (Allan & Allan, 2000; Hayner, 1994). Truth commissions are official in the sense that they are typically supported by either the state or an international body such as the United Nations. However, some truth commission processes have also been sponsored by opposition movements (for example, there were two ANC-sponsored commissions of inquiry in South Africa while the National Party was still in power) and by non-governmental organisations (for example, the Rwandan truth commission was sponsored by a collection of international NGOs responding to requests from Rwandan human rights organisations) (Hayner, 1994).

Hayner (1994, 2002) further defines truth commissions according to four central elements: a focus on the past; an attempt to create an overall picture of human rights abuses over a period of time (rather than focussing on a specific event in the way that many commissions of inquiry do, or on specific perpetrators as war crimes tribunals do); a temporary stature, for a pre-defined period of time, after which it ceases to exist (unlike, for example, the ICC); and

the authority of the state, which allows access to information, provides the protection required to probe sensitive issues, and enhances the impact of its report.

Unlike the International Criminal Court, the mandates of truth commissions typically focus solely on uncovering facts about human rights abuses, rather than meting out punishment to the perpetrators. Typically, truth commissions do not themselves prosecute perpetrators: amnesty agreements often prevent evidence disclosed to truth commissions from being used in later prosecutions; and even where such agreements are absent, the findings of truth commissions have seldom (except in the case of Argentina and, to a lesser extent, Uganda) actually resulted in the prosecution of perpetrators (Hayner, 1994, 2002; Wilson, 2001). Thus, Robertson (1999) argues of truth commissions that while *“their reports should be a prelude to the trial of the old regime’s murderers and torturers... they are more often used as alternatives to justice”* (p. 266). Truth commissions may therefore be viewed with some suspicion as mechanisms for circumventing justice and contributing to an ongoing situation of impunity (Hayner, 2002). An evaluation of this critique must consider the broader debate between post-conflict models of retributive and restorative justice.

Retributive justice aims to prosecute and punish perpetrators. It is meted out by a public body such as a legal court, and prescribes a punishment that is proportional to the crime. It is thus distinguished from vengeance, which is a personal response by the victim that is often more brutal than the original crime (Minow, 1998). However, in contexts of intergroup violence and conflict, even legal retribution or punishment of perpetrators can escalate intergroup conflict. Restorative justice aims to avoid the endless cycle of ‘an eye for an eye’ by rehabilitating both victims and perpetrators (either individually or as collective groups), repairing relationships between them, and rebuilding society by restoring dignity to both groups (Minow, 1998; Truth and Reconciliation Commission, vol. 1; van Zyl, 2000). Minow (1998) locates restorative justice between the two extremes of vengeance (which may result in ongoing schisms between groups in society) and forgiveness (which may completely absolve perpetrators of accountability) and asserts that truth commissions, as vehicles of restorative justice, are more appropriate than prosecutions for meeting the complex goals of post-conflict political transition. Rosenberg (1995) agrees that *“trials, in the end, are ill-suited to deal with the subtleties of facing the past”* (p. 351). As an alternative to retributive justice, truth commissions may thus facilitate a process of national reconciliation.

Reconciliation is a rather nebulous concept, often employed in contexts of political transition, but with different meanings and purposes. There is consensus that reconciliation aims to change the nature of the relationship between parties in conflict (de la Rey, 2001). At a national level, reconciliation often aims to bring social groups that were previously in conflict into a more harmonious relationship (Kriesberg, 1998; Wessels & Bretherton, 2000). There are several processes through which truth commissions can contribute to this complex goal, other than through the absence of potentially provocative retributive measures. For example, in the context of the South African TRC, it has been argued that: victim testimony is the first step in the process of previously estranged groups getting to know each other (Villa-Vincencio, 2000a); revealing the truth about past oppression can be a trigger for broad social, economic and political transformation (Esterhuyse, 2000); and reparations can help to repair the damage inflicted by one group upon another (Christie, 2000). While the success of the TRC in actually achieving these aims remains controversial, as we shall see later in this chapter, truth commissions do provide a mechanism through which these reconciliatory processes can at least be attempted within a restorative justice framework.

Reconciliation may also refer to reconciling with the past, rather than reconciliation between groups. Truth commissions can enable all citizens of a post-conflict society to acknowledge and come to terms with a brutal and shameful national history, in which one may have played the role of victim, perpetrator or bystander (Dwyer, 1999; Hayner, 2002) [although often the latter two groups continue to display ‘amnesia’ or denial for atrocities (Christie, 2000; Goldhagen, 1997)]. Relatedly, reconciliation can also involve bringing people into agreement, or “*narrative equilibrium*” (Dwyer, 1999, p. 89) on certain historical events or experiences (Dwyer, 1999; Kriesberg, 1998; Regehr & Gutheil, 2002). Archbishop Tutu argues that “*an inclusive remembering of painful truths about the past*” serves to prevent future conflict based on partisan and selective accounts of past conflicts (Truth and Reconciliation Commission, 1998, vol. 1). Truth commissions are centrally concerned with producing a version of the country’s history that silences neither the oppressed nor the oppressor, and with achieving as close as possible to a national consensus on the truth. Through the “*procedural articulation of the known*”, knowledge can be “*shared, collectively, and entered formally into the archives of that nation*” (Soyinka, 1999, p. 33). Cherry (2000) warns, however, that “*in the attempt to establish a consensus on ‘the truth’, many of the complexities and nuances of the truth are lost*” (p. 143).

Reconciliation, through the processes outlined above, is important because “*unhealed wounds of society and of individual victims may continue to fester long after the cessation of fighting or the end of a repressive regime*” (Hayner, 2002, p. 133), creating the potential for ongoing conflict. However, it is generally acknowledged that while truth commissions may contribute to national reconciliation, they can and should only be one aspect of a broader and ongoing process of nation building (Christie, 2000; Villa-Vincencio, 2000b).

Another important goal of restorative justice is to replace a culture of impunity with a culture of human rights, in order to prevent the recurrence of future abuses – hence, the title of the Argentinian commission’s report, *Never Again (Nunca Mas)*. To this end, truth commissions may contribute concrete recommendations for reform, for example of state security structures and the judicial system, and for reparations to victims (Hayner, 1994, 2002). The effectiveness of these recommendations has been debated: “*They (truth commissions) have little institutional power to carry out reforms of judiciary; they can make recommendations, but these are often ignored (as in El Salvador) and truth commissions cannot usually follow through on their recommendations*” (Wilson, 2001, p. 16). However, truth commissions can, at least symbolically, introduce and entrench a societal norm that censures human rights violations. They can restore “*decency to barbaric societies*” through the development of “*moral rules*” (Bhargava, 2000, p. 45), and promote “*moral reconstruction, by producing a social judgement and moral account of the historical past*” (Minow, 1998, p. 79). Thus, in South Africa, the TRC has been characterised as a mechanism for establishing “*the moral foundation from which to build a truly new South Africa*” (de Lange, 2000, p. 17). Boraine (2000) also argues that truth commissions are better suited than criminal trials to the goal of educating the public about human rights and abuses thereof. This education forms part of the goal of establishing a new culture of morality that respects human dignity. Truth commissions thus offer a valuable mechanism through which a culture of respect for the human rights of all citizens, and thus sustained peace, can be achieved.

While some authors have questioned the morality of using truth commissions as substitutes for ‘real’ (i.e. retributive) justice (Robertson, 1999; Rotberg, 2000), in many newly democratic societies there are practical difficulties that preclude criminal prosecutions. In the case of regimes that carried out pervasive human rights violations over many years, it is seldom clear who exactly should be prosecuted, particularly when the resources of the criminal justice system are weak (Boraine, 2000). In those countries that have attempted

criminal prosecution of perpetrators of state-sponsored violence (e.g. Haiti, Guatemala and Uganda), only a handful of low-level functionaries have been prosecuted (Hayner, 2002). The expense of conducting extensive prosecutions, including those of senior perpetrators, is arguably a luxury in a context where scarce state resources are needed to address pressing social and economic problems, such as poverty relief and infrastructural development (Boraine, 2000). In addition, the judiciaries in transitional societies are often loaded with judges sympathetic to the outgoing regime, limiting the possibility of fair trials (Boraine, 2000; Hayner, 2002). Thus, while criminal trials may be a preferable moral alternative to truth commissions as a way of dealing with perpetrators, they are often not practically feasible. Hayner (2002) suggests that, in such contexts, truth commissions may serve as a complement, rather than as an alternative, to a weak or insufficiently resourced judicial system. Certainly restorative justice and legal retribution need not be mutually exclusive.

A balanced assessment of the role of truth commissions in post-conflict societies must acknowledge both their limitations and benefits. They may offer neither perfect truth nor perfect justice, but in certain socio-political contexts they may serve as vital transitional mechanisms that, as an alternative or as a complement to legal processes, enable a previously divided society to process its past, acknowledge the experiences of oppressed groups, censure the actions of perpetrators, and establish a moral code for the future.

### *2.1.3. Paving the Way for the TRC: Previous Truth Commissions*

The South African truth commission modelled itself substantially on previous truth commissions, especially those that had been conducted in Latin America. It also differed from these truth commissions in important ways, and particularly in its highly public nature (Hayner, 2002). A review of previous truth commissions therefore provides an important backdrop to understanding the way in which the South African TRC was structured.

While the term ‘truth commission’ only came into common parlance with the publication of the report of the El Salvador Commission on the Truth in 1993 (Hayner, 2002), several officially sanctioned truth-seeking bodies had previously been established in Latin America. Bolivia instituted the Comision de Investigacion de Desaparecidos (Commission of Investigation of Disappearances) in 1982, after the country’s transition from military to democratic rule. The commission documented only 155 cases, produced no report and



resulted in no prosecutions, before it was terminated due to lack of resources (Christie, 2000; Hayner, 1994; Robertson, 1999). Shortly thereafter, an Argentinian truth commission was initiated by the newly elected President Alfonsín in 1983. Far more extensive than its Bolivian counterpart, the Commission on the Disappeared documented close to 9000 cases of human rights violations. The commission had no powers to prosecute perpetrators itself, although its extensive report was later used to bring some perpetrators to justice through the courts (Christie, 2000; Hayner, 1994; Robertson, 1999). In 1985, Uruguay's commission of inquiry into disappearances in the 1973-1982 period documented 164 cases (Christie, 2000; Hayner, 1994); however, the new, democratically elected President Sanguinetti pardoned all state agents involved in human rights violations, admitting that this was "*a political, not a moral, decision*" (quoted in Robertson, 1999, p. 267). Chile established a truth commission in 1990, to investigate violations perpetrated by the military regime led by General Pinochet during the previous two decades. It heard just under 3000 cases and published its findings in 1991. Individual perpetrators were not named in this report and, in any event, amnesty laws established earlier by Pinochet himself precluded prosecution of military personnel, the primary group of violators (Christie, 2000; Hayner, 1994). The Chilean commission is considered to be one of most professional and systematic of its kind, and in many ways served as a model for the South African truth commission (Christie, 2000).

The Commission on the Truth in El Salvador, established in 1991, investigated only 33 disappearances but named 40 individual perpetrators; in response, the government declared a blanket amnesty, citing the need for reconciliation and forgiveness (Christie, 2000; Hayner, 1994; Robertson, 1999). In Haiti, Jean-Bertrand Aristide established a national Commission for Truth and Justice in 1995, in the hope that information revealed there could later be used to prosecute perpetrators in an international court; however, no prosecutions in international tribunals have yet resulted from this (Robertson, 1999). Most recently, in Guatemala, the UN-sponsored Commission for Historical Clarification released a report in 1999 on over 42 000 (mainly state-perpetrated) violations during the 1960s and 1990s.

There have been several truth commissions outside of Latin America. The Philippines established a commission in 1986 to investigate state-perpetrated human rights violations during the period of martial law, although its report was never released (Hayner, 1994). In post-reunification Germany in 1992, the Study Commission for the Assessment of History and Consequences of the SED Dictatorship in Germany was established to investigate

violations in East Germany under communist rule (Christie, 2000; Hayner, 1994). In 1994, Nepal's Commission of Inquiry to Find the Disappeared Persons published a report on about 100 violations perpetrated during the autocratic Panchayat system (Hayner, 2002). Also in 1994, the Sri Lankan government established the Commissions of Inquiry into the Involuntary Removal or Disappearance of Persons. It reported on investigations into over 16 700 cases of disappearances and, unusually for a truth commission, its findings resulted in the prosecution of over 400 security force members (Hayner, 2002).

Prior to South Africa, several African countries had conducted truth commissions (Christie, 2000; Hayner, 1994, 2000, 2002). The Commission of Official Inquiry into the Disappearances of people in Uganda was established in 1974, largely in response to international pressure, and found the security forces culpable of 308 cases of disappearances. A decade later, following Obote's removal from power, Uganda's Commission of Inquiry into Violations of Human Rights (1986-1987) uncovered evidence of large-scale human rights violations by the previous government, and its calls for the establishment of a human rights commission were accepted by the government (Christie, 2000; Hayner, 1994, 2002). In 1985, Zimbabwe established a commission of inquiry into atrocities committed in Matabeleland; while the Minister of Defence publicly apologised for these, the commission's report was never published, and the 'truth' has thus remained suppressed (Christie, 2000; Hayner, 1994, 2002). In 1991, Chad established a commission of inquiry into the state-sponsored human rights violations of the previous Habre government, and identified individual perpetrators. Christie (2000) notes that this commission was largely a public relations exercise by the new government, who went on to commit their own violations with impunity. Following its civil war, and under the sponsorship of international NGOs, Rwanda established an International Commission of Investigation on Human Rights Violations in 1993. However, with the resumption of ethnic killings shortly after its establishment, the commission was forced to leave the country (Christie, 2000; Hayner, 1994). Most recently, in 2000, a truth commission was established in Sierra Leone (Hayner, 2002).

Like these previous truth commissions, the South African TRC served as a mechanism of transition in the aftermath of extended state-perpetrated violence. However, as we shall see, its structure differed substantially from that of previous truth commissions.

## 2.2. The South African TRC

### 2.2.1. *The TRC as a Mechanism of Political Transition in South Africa*

That the transition to democracy in South Africa would occur through a negotiated settlement rather than a violent overthrow of the state by liberation forces was something few had predicted within the context of extreme racial polarisation and violent political conflict that characterised the last decade of apartheid in South Africa. South Africa's capacity to sustain, against all expectations, a relatively peaceful transition was due in no small part to the establishment of a truth commission process that created the space for both an acknowledgment of the atrocities of the past, and a commitment to future reconciliation. South Africa's need for a national project such as the TRC had its roots in the particular nature of the political compromise that was deemed necessary in order for apartheid to finally be put to rest. This section aims to sketch the socio-political context that produced and shaped the TRC in South Africa in the late 1980s and early 1990s.

Commentators have argued that a particular matrix of historical processes established the necessary conditions for a negotiated compromise in the early 1990s. Firstly, the collapse of communism in Eastern Europe (including Gorbachev's liberal policies and the fall of the Berlin Wall) removed the ideological justification that the South African state had long relied on to stave off further economic sanctions by the major Western powers. South Africa could no longer defend to the world its position as the last bastion against communism in Africa (Christie, 2000; Wilson, 2001). At the same time, South Africa saw the emergence of a new Nationalist Party (NP) leader, FW de Klerk. In stark contrast to his intractable predecessor, PW Botha, de Klerk appeared to recognise the need for, in the short-term, a softer approach to the management of political protest and, in the long-term, a more fundamental political change (Beinart, 1994; Gutteridge, 1990). Motivated perhaps by the realisation that apartheid would be increasingly difficult to maintain both financially and ideologically, and that more right-wing Afrikaner parties would increasingly threaten the future of the NP, de Klerk began to speak about a power-sharing arrangement with the popular liberation movements (Beinart, 1994). In February 1990, he paved the way for this by unbanning all political organisations, including the African National Congress (ANC) and the South African Communist Party (SACP), and announcing that ANC leader Nelson Mandela would be released after 27 years of imprisonment.

The policies and structures of apartheid now began to be dismantled, and at the Convention for a Democratic South Africa (CODESA) in 1991, the NP government, the ANC and other key liberation movements embarked on a process of negotiating the parameters of the transition to democracy. The negotiations culminated in plans for South Africa's first democratic elections to be held in April 1994, and the establishment of a Government of National Unity (GNU) during the initial transition period (Beinart, 1994).

The concept of a South African truth commission played a central role in facilitating this transition. In 1990, before the notion of a South African truth commission had been debated, Gutteridge (1990) noted that *"whoever holds the balance of power in South Africa, has the problem of convincing the population at large that their interests will be best served by a pooling of resources and by co-operation"*(p. 7). This was a tall order indeed in a country where a long history of racial oppression and polarity had bred deep fear and distrust between groups. The CODESA negotiations were framed by two important questions that had implications both for a peaceful power-sharing arrangement amongst the key political parties, and for the level of support the transition would find amongst ordinary South Africans of all races. Firstly, how could the bitter divisions and conflicts of the past be dealt with in a way that allowed the nation to move forward towards a common future? Secondly, and relatedly, how could the thorny question of justice for the perpetrators of apartheid be addressed?

While it was not desirable to create a situation of impunity for perpetrators (as occurred in many post-conflict Latin American countries), it was also important not to exacerbate tensions between South Africa's racial groups at this delicate point in the country's history. South Africa's transition was one of political compromise rather than overthrow of the ruling regime; thus, some balance of power between the various stakeholders had to be negotiated (Christie, 2000; Sarkin, 2001). However, by the end of the CODESA negotiations in 1993, the issue of amnesty for apartheid's major perpetrators, the NP and its security forces, had still not been resolved. Ultimately, the issue was decided just prior to the first democratic elections in 1994 by an exclusive, and largely secret, agreement between the ANC and the NP (de Lange, 2000; Wilson, 2001). Although this arrangement evoked much criticism, it is widely recognised that without this compromise there may have been no political settlement, interim constitution or democratic election in South Africa at that time (de Lange, 2000). For example, there remained the threat that the security forces might not defend the democratic

election process in the absence of an amnesty guarantee, thus making peaceful elections impossible (Boraine, 2000). As a result of this 11<sup>th</sup> hour political deal, an amnesty mechanism was included in the Interim Constitution of 1993 (Act no. 200 of 1993), which stated that “*in order to advance such reconciliation and reconstruction [of society], amnesty shall be granted in respect of acts, omissions and offences with political objectives and committed in the course of the conflicts of the past*”.

The notion of a truth commission was first promoted by the ANC. In the early 1990s, the ANC had established several internal commissions of inquiry to investigate claims of human rights abuses that had been perpetrated in the ANC’s own training camps in Southern Africa during the liberation struggle. While accepting that such violations had indeed taken place, the ANC’s National Executive Committee expressed the view that these violations should be seen within the context of the pervasive human rights violations that had characterised South Africa during the apartheid era. It called for a national truth commission, arguing that such a process could provide the mechanism through which the issues of both national healing and amnesty could be addressed (Boraine, 2000; de Lange, 2000). Many commentators have since characterised the eventual acceptance of this proposal by a range of political parties as a recognition of a ‘third way’ that resolved the difficult choice between complex and lengthy political prosecutions (à la Nuremberg) or a blanket amnesty for perpetrators of human rights abuses (Asmal, Asmal and Roberts, 1996; Boraine, 2000; Boraine & Levy, 1995; Boraine, Levy & Scheffer, 1994; Hayner, 2002; Meredith, 1999; Minow, 1998; Ross, 2003).

The GNU introduced the Promotion of National Unity and Reconciliation Bill in Parliament in November 1994, which mandated the establishment of a Truth and Reconciliation Commission. The objectives of the South African TRC, as stated in the Promotion of National Unity and Reconciliation Act<sup>8</sup> (hereafter referred to as “the Act”), were as follows:

*The objectives of the Commission shall be to promote national unity and reconciliation in a spirit of understanding, which transcends the conflicts and divisions of the past by –*

- a. *Establishing as complete a picture as possible of the causes, nature and extent of the gross violations of human rights which were committed during the period from 1 March 1960 to the cut-off date, including the antecedents, circumstances, factors and contexts of such violations, as well as the*

*perspectives of the victims and the motives and perspectives of the persons responsible for the commission of the violations, by conducting investigations and holding hearings;*

- b. Facilitating the granting of amnesty to persons who make full disclosure of all relevant facts relating to acts associated with a political objective and comply with the requirements of this Act;*
- c. Establishing and making known the fate or whereabouts of victims and by restoring the human and civil dignity of such victims by granting them an opportunity to relate their own accounts of the violations of which they are the victims, and by recommending reparation measures in respect of them;*
- d. Compiling a report providing as comprehensive an account as possible of the activities and findings of the Commission contemplates in paragraphs (a), (b) and (c), and which contains recommendations of measures to prevent the future violations of human rights.*

The views of those involved in previous truth commissions in other countries were sought in order to guide the establishment of a South African truth commission (Boraine, 2000). While based in many respects on previous truth commissions, particularly that of Chile, the South African TRC had several unique elements. These included a substantially larger budget than any previous truth commission, a high degree of public participation in crafting the terms of reference of the TRC, and more extensive powers of subpoena, search and seizure than any previous truth commission (Hayner, 2000, 2002).

More importantly, unlike many previous truth commissions, the TRC was not bound by a blanket amnesty agreement between the new and previous governments. Rather, a conditional amnesty mechanism (whereby perpetrators of political crimes received amnesty only if they were judged to have made a full and honest disclosure) was developed as part of a carrot (full amnesty for disclosure) and stick (prosecution for failure to disclose) approach to elicit as much of the truth as possible. This is similar to the principle of plea-bargaining in common law, where if conspirators acknowledge their guilt and turn evidence, they are pardoned (Robertson, 1999). The TRC describes this qualified amnesty as “*accountable amnesty...amnesty with a considerable degree of accountability built into it*” (Truth and Reconciliation Commission, 1998, vol. 1, p. 118), as opposed to the impunity inherent in

blanket amnesties. The TRC is the first truth commission to have the power to grant amnesty (Hayner, 2002).

Unlike most previous commissions, the South African truth commission explicitly framed its goals around the promotion of reconciliation, at both the individual and the national level. The promotion of *national* unity and reconciliation was included in the goals defined in the Act, to be achieved through the investigation of human rights violations under apartheid, giving victims the opportunity to tell their story, granting amnesty in return for full disclosure, and recommending reparation measures. The TRC's focus on reconciliation has been characterised as a deliberate strategy to 'sell' the notion of amnesty to the South African public, and particularly to black South Africans (Wilson, 2001). This tactic is hardly unique to South Africa: Dwyer (1999, p. 82) notes that "*the rhetoric of reconciliation is particularly common in situations where traditional judicial responses to wrongdoing are unavailable because of...anxiety about the political consequences of trials and punishment*", and Robertson (1999) similarly views discourses of national reconciliation as "*an excuse*" (p. 266) for granting amnesty to members of the former regime in newly democratic societies. Wilson (2001) argues that through a discourse of reconciliation, the TRC and the South African state subverted notions of human rights in order to rationalise the absence of real justice for apartheid's perpetrators. This is perhaps most clearly illustrated in the postscript of the 1993 Interim Constitution (Act no. 200 of 1993), where the argument that "*there is a need for understanding but not for vengeance, a need for reparation but not for retaliation, a need for ubuntu<sup>9</sup> but not for victimisation*" precedes the instruction to institute a conditional amnesty. Villa-Vincencio (2000a) acknowledges that "*a state-sanctioned programme on national reconciliation can lead to a new brand of nationalism – which plays down a focus on justice and basic human rights*" (p. 199). Thus there remains considerable debate regarding the agenda of reconciliation in the TRC process: was it an expression of a real desire for national healing and restoration, or "*an easy sham*" (de Kok, 1998, p. 60) to justify amnesty?

The promotion of forgiveness and reconciliation between *individual* victims and perpetrators was not included in the TRC's official mandate. However, an emphasis on individual reconciliation was developed by the commission itself, and particularly by its theological figurehead, Archbishop Tutu (Hayner, 2002; Shea, 2000). The TRC was the first truth commission process to be framed within religious values and discourses (Hayner, 2000).

While the TRC conceptualised reconciliation in different ways at different times, its predominant version of reconciliation became a “*religious-redemptive*” one (Wilson, 2002, p. xix), incorporating notions of confession and forgiveness *between individuals*, and not just between groups. Similarly, as argued in Chapter 1, the TRC defined itself as a space for personal, not just national, psychological healing. The structure developed by the TRC to meet its official mandate as well as its unofficial goals of individual healing and forgiveness will now be described.

### 2.2.2. *The Structure of the TRC*

The TRC established two committees to deal specifically with the uncovering of the truth: the Human Rights Violations Committee and the Amnesty Committee were charged with the task of hearing the submissions of survivors and perpetrators of human rights violations, respectively. Since the Act also mandated the commission to make recommendations to government regarding reparations for victims of human rights abuses, a third TRC committee was established to address issues of reparation and restorative justice, which were viewed as central to the reconciliation process. The task of this committee was to make recommendations to the government on the provision of monetary and symbolic reparations to victims. However, the Act did not mandate the commission or the government to actually carry out these recommendations. The parameters of each committee will now be reviewed.

#### 2.2.2.1. *Human Rights Violations Committee*

Over a period of two years, this committee received statements from approximately 21 300 deponents regarding some 38 000 incidents of gross human rights violations (Truth and Reconciliation Commission, 1998, vol. 1). Deponents who wished to make a statement approached the TRC on a voluntary basis, in response to the TRC’s publicity drive; the TRC did not carry out a survey of human rights violations. Thus, the statements came from a self-selecting sample of survivors of human rights violations (Truth and Reconciliation Commission, 1998, vol. 1). Statements were taken by trained statement-takers and volunteers from non-governmental, religious and civic organisations, and then brought back to the regional offices to be captured onto the commission’s database (Truth and Reconciliation Commission, 1998, vol. 1). (The statement taking and data coding processes are discussed in more detail in Chapter 3). Not all those who gave statements ultimately qualified as victims.



The Investigative Unit of the Human Rights Violations Committee attempted to verify and corroborate statements through court records, inquest documents, death certificates, media clippings etc. (Ntsebeza, 2000; Truth and Reconciliation Commission, 1998, vol. 1). Complete verification was not always possible, and the TRC eventually aimed to achieve only “*low-level corroboration*” (Truth and Reconciliation, 1998, vol. 1, p. 333) for most testimonies.

The vast majority of all statements (19 144 or 89% of the total) were given by black African deponents<sup>10</sup>, reflecting that political conflict did not affect all population groups equally (Truth and Reconciliation Commission, 1998, vol. 1). Approximately 55% of statements were given by females, and 45% by males (Truth and Reconciliation Commission, 1998, vol. 1). With regard to age, the majority of deponents were aged above 37 years; younger deponents (13-36 years) were mainly male, and middle-aged and elderly deponents were mostly female (Truth and Reconciliation Commission, 1998, vol. 1). Despite the fact that the majority of people who came to the TRC to tell about violations were women, men were the most common victims of violations; politically related deaths were six times more common in men than women, and non-fatal violations twice as common (Truth and Reconciliation Commission, 1998, vol. 1). Thus, female deponents tended to talk about violations experienced by male family members, while men testified about violations to themselves (Ross, 2003; Truth and Reconciliation Commission, 1998, vol. 1).

Of the 21 000 deponents nationwide, approximately 2000 were invited to testify at public hearings (Hayner, 2002). In choosing public testifiers, the Human Rights Violations Committee selected “*a representative group based on types of victims, places, occasions, and dates on which the alleged offences and abuses took place*” (Boraine, 2000, p. 109). However, not all those invited to give public testimony consented to do so (Boraine, 2000), for reasons not explicated in the published literature. The very public nature of the TRC was unique: most previous truth commissions have held hearings in private; when public victim hearings have been conducted (e.g. Uganda), these have been limited in number (Hayner, 2000). The format of the public TRC victim hearings is described in Chapter 3.

In addition to public hearings for individual victims and their families, this committee also conducted other public hearings. There were several hearings focusing on particular groups of victims, such as women or children and youth. Other hearings focused on particular events, such as the 1992 Bisho massacre and the 1976 Soweto uprising (Truth and

Reconciliation Commission, 1998, vol. 1). Finally, a series of institutional hearings focused on the role played by organisations or sectors, rather than individuals, in perpetrating human rights violations (here interpreted more broadly than the gross human rights violations that were the basis of individual testimonies). Foci included the prison and legal systems, the media, the business and health care sectors, the armed forces and the state security system (Truth and Reconciliation Commission, 1998, vol. 1).

The work of the Human Rights Violation Committee, and in particular the processes of private statement taking and public victim hearings, is the central focus of this study. However, the work of the other two committees of the TRC provide an important broader context for the way in which survivors who gave testimony may have experienced the TRC process. These two committees are therefore also described below.

#### 2.2.2.2. *Amnesty Committee*

The Amnesty committee evaluated amnesty applications from perpetrators, including both agents of the state and members of the liberation movements. According to the Act, amnesty could be granted on the following conditions (Truth and Reconciliation Commission, 1998, vol. 1): the act perpetrated met the criteria for a gross human rights violation; applicants had to apply for amnesty separately for each offence committed; perpetrators had to make full disclosure of their crimes in order to qualify for amnesty; amnesty hearings for gross human rights violations would take place in public [South Africa is the first country in the world to hear detailed public testimony about political crimes from perpetrators themselves (Hayner, 2000)]; the names of perpetrators as well as information about their crimes would be published in the Government Gazette and the TRC report [few previous truth commissions had ‘named names’ of individual perpetrators (Hayner, 1994)]; and amnesty would be granted on the basis of an objective set of criteria (including an assessment of the ‘proportionality’ of the act in relation to its political objectives), and would not be automatic – certain “*heinous crimes*” (Truth and Reconciliation Commission, 1998, vol. 1, p. 119) would not qualify for amnesty (these crimes were not specified).

According to the TRC’s final report (Truth and Reconciliation Commission, 1998, vol. 1), by June 1998 it had received over 11000 applications for amnesty, granted full amnesty in 122 cases, and rejected amnesty in over 3500 cases, largely on the grounds that these acts did not

have a political objective or that the application was received after the cut-off date. The Amnesty Committee continued its work long after the Human Rights Violation Committee completed its task of collecting testimony, and did not publish its final report until 2003 (Truth and Reconciliation Commission, 2003, vol. 6).

#### 2.2.2.3. *Reparations and Rehabilitation Committee*

The third arm of the TRC was charged with the following tasks, according to the Promotion of National Unity and Reconciliation Act: to gather evidence regarding the identity, fate and whereabouts of victims who had disappeared; to make recommendations on how to prevent future human rights violations; and to make recommendations to the President on appropriate measures for immediate and long-term reparation and rehabilitation of victims, and the restoration of victims' human and civil dignity (Truth and Reconciliation Commission, 1998, vol. 1).

With regard to the committee's first objective, the fate of over fifty victims who had disappeared was established through intense investigation. In many cases, the victim's remains were exhumed and, with financial and logistical support from the committee, given a dignified reburial (Truth and Reconciliation Commission, 1998, vol. 5). With regard to its second objective, the committee made several recommendations regarding institutional reform (e.g. for prisons, banks and the legal and judicial system) (Truth and Reconciliation Commission, 1998, vol. 5).

With regard to its third objective, the need for reparations was argued by the TRC on several grounds. Firstly, reparations serve as symbolic acknowledgement of the suffering of victims (Truth and Reconciliation Commission, 1998, vol. 5). Secondly, the absence of retributive justice for perpetrators had to be compensated for in some way, and reparations helped to balance the scales of justice: "*reparation is essential to counterbalance amnesty*" (Truth and Reconciliation Commission, 1998, vol. 5, p. 170). Thirdly, in relation to monetary reparations for South Africa's widely impoverished population, commissioner Wendy Orr (2000, p. 242) notes "*it is impossible to meet the mandate of restoring human and civil dignity when dignity is undermined by the daily struggle to survive*". Reparations have been included in only a few previous truth commission processes. Following the Chilean truth commission's recommendations, monetary reparations in the form of monthly pensions have been made to the families of those who had been killed or who disappeared under the military dictatorship,

while survivors of torture and imprisonment were not recompensed; while in Argentina, families of disappeared and murdered victims, and people forced into exile, are entitled to a lump sum payment (Hayner, 2002). Both the Haitian and El Salvadorian truth commissions recommended some form of monetary reparations to victims of human rights abuses, but these were not implemented by the government in either case (Hayner, 2002).

After consultation with a wide range of local and international groups to generate ideas for how best to fulfil its mandate, and heated debates regarding the validity of placing a monetary value on suffering (Orr, 2000), the TRC's Reparations and Rehabilitation Committee made several recommendations, which are contained in the TRC's final report (Truth and Reconciliation Commission, 1998, vol. 5). With regard to financial reparations, the TRC recommended that all those TRC deponents who qualified as victims of gross human rights abuses according to the TRC's criteria should receive an amount of approximately R21 700 per annum for six years, and that interim payments of between approximately R2000 and R6000 should be made to those with urgent needs (e.g. for medical care). The TRC also made several recommendations for symbolic reparations, at both the individual level (e.g. the issuing of death certificates; exhumations, reburials, ceremonies and tombstones; and expunging criminal records for political activities) and the community level (e.g. renaming streets; memorials and monuments; culturally appropriate ceremonies). It further made recommendations for community rehabilitation in the form of improved health, mental health and social services, education reform and housing provision.

The degree to which the three committees of the TRC enabled the commission to successfully fulfil its mandate of establishing the truth about apartheid and promoting reconciliation between racial groups in South Africa will now be briefly considered. This provides an important context for understanding the impact of participation in the TRC for individual deponents.

### *2.2.3. Evaluation of the TRC's Success in Fulfilling its National Objectives*

In comparison to the dearth of evaluations of the benefits of the TRC testimony process for individual testifiers, there has been more substantial evaluation of the achievements of the TRC in meeting its national objectives of truth and reconciliation. There has been much published debate regarding the success of the TRC at the broader national level. In addition,

a recent large representative survey of South Africans (Gibson, 2004) has attempted to systematically evaluate the degree to which the TRC has achieved its goal of national reconciliation through uncovering the truth about apartheid. The following review will illustrate that evaluations of the TRC's success in fulfilling its mandate have been somewhat equivocal.

How successful was the TRC in documenting the truth about apartheid atrocities? The documentation of over 21 000 victim testimonies went far beyond the scope of any previous truth commission in creating a comprehensive (though certainly not exhaustive) and permanent public record of the activities of the previous regime, thus precluding the possibility of national amnesia or denial (Christie, 2000; Shea, 2000). However, a critique often levelled at truth commissions is that the 'truth' uncovered is never complete (Hayner, 2002), and these arguments are equally relevant to the TRC. For example, Jeffery (1999) notes that only half of the 20 500 politically-related deaths that occurred between 1984 and 1994 were canvassed by the TRC. Furthermore, only selected experiences are spotlighted by truth commissions, while others are excluded. Thus, Mamdani (cited in Hayner, 2002, p. 74) has argued that the TRC, by focusing exclusively on victims of gross human rights violations rather than broader experiences of oppression under apartheid, has constructed a *"compromised truth"* that *"has written the vast majority of victims out of history"*.

A more serious critique is that the findings of the TRC's final report are not factually accurate. Jeffery (1999) has argued that victim testimonies contained large amounts of hearsay - for example, in 17 500 instances, deponents testified about a violation in which they were not directly involved as victim, perpetrator or witness. She contends that the TRC Investigative Unit's attempts at 'low-level corroboration' of these statements did not provide adequate independent verification. Furthermore, hearsay testimony was seldom challenged in the public victim hearings, which aimed to be therapeutic rather than adversarial. This has led some to argue that the committee's dual goals of fact-finding and victim-centred storytelling were irreconcilable (Simpson, 2002).

In evaluating the 'validity' of the information regarding human rights violations published in the TRC's final report, it may be argued that 'the truth' is not monolithic. The TRC itself identifies four different forms of 'truth' that emerged during the public victim hearings: factual/forensic truth (evidence related to human rights abuses that has been corroborated

through objective procedures); personal/narrative truth (the personal meaning of experiences of human rights violations for survivors); social truth (the truth of experience that is established through participatory, democratic social interaction and dialogue); and healing/restorative truth (truth that heals through acknowledgement and affirmation) (Truth and Reconciliation Commission, 1998, vol. 1). Certainly other facets or levels of truth could be proposed. The TRC's conceptualisation of different truths has been criticised by some, who view it either as a clumsy attempt to rationalise the absence of independently verifiable facts in victim and perpetrator testimonies (Jeffery, 1999) or an incomplete and poorly conceptualised framework for understanding truth (Posel, 2002). In either case, it seems likely that what emerges in the TRC's final report is not 'the truth' about experiences of human rights violations under apartheid, but a complex blend of objective, subjective and inter-subjective truths. This is not always clearly acknowledged in the report: having identified the different kinds of truths, the report then goes on to present its findings as factual, objective, positivist evidence (Jeffery, 1999; Posel, 2002).

The veracity of perpetrator testimony at the amnesty hearings has also been challenged. Some commentators suggest that the accounts of perpetrators often presented a sanitised version of the truth that minimised the brutality of the violation, and note that different perpetrators sometimes offered conflicting testimony about the same violation (Cherry, 2000). By contrast, others have argued that both the quantity and the quality of information collected by the TRC in its amnesty hearings was superior to what would have emerged from criminal trials. The latter would have discouraged admissions of guilt and the provision of detailed testimony by perpetrators, thus leaving unanswered questions about the fate of 'disappeared' victims (Slye, 2000). Indeed, in countries that have pursued punishment rather than amnesty for perpetrators of human rights abuses, such as Sri Lanka, many of the questions about disappearances remain unanswered by the perpetrators (Rotberg, 2000).

Given the above critiques, has the TRC achieved anything in its attempt to reveal the truth about apartheid era violations? Posel (2002) has argued that if one understands the goal of the TRC as being to "*produce enough truth to demonstrate and exemplify the inequities of the past*" (p. 151), rather than to present the whole truth, then it has succeeded in this. However, a more conservative evaluation might suggest that the TRC, like all truth commissions, has only managed to "*reduce the number of lies that can be circulated unchallenged in public discourse*" (Ignatieff, 1996, p. 113).

To what degree can the TRC be judged to have promoted unity and reconciliation between black and white South Africans? How can this even be measured? Some indications do exist, although they do not paint a clear and consistent picture. The notable absence of white spectators at the TRC's public hearings suggests that the message of reconciliation may have had very little impact on white South Africans (Meredith, 1999; Slye, 2000). This non-participation may in part be explained by the findings of a 1998 telephonic survey of 124 white South Africans: the majority felt that they had not played any role in apartheid abuses, while 40% believed that apartheid was in essence a good idea, though poorly executed (Theisen & Hamber, 1998). However, this does not represent the views of all white South Africans. On the TRC website's Register of Reconciliation (initiated by TRC commissioner Mary Burton), a few hundred white South Africans have expressed remorse at their role as compliant beneficiaries of an unjust system, and their hopes that such abuses never recur in South Africa (Truth and Reconciliation Commission, *Register of Reconciliation*, retrieved on 22 February 2004 from <http://www.doj.gov.za/trc/ror/index.htm>). While this is hardly an overwhelming portion of South Africa's white population, it does indicate that the TRC's message of acknowledgement and reconciliation has not been entirely lost on white South Africans.

It has been argued that acts of reconciliation between individual victims and perpetrators might have served to promote national reconciliation by providing a model or example which others might choose to follow, or by serving as "*proxies for a process of reconciliation among groups in society*" (Slye, 2000, p. 181). However, public opinion regarding the degree to which the TRC helped black and white South Africans to reconcile is divided. A 1998 national poll conducted by Market Research Africa found that beliefs about the contribution of the TRC to national reconciliation were divided along racial lines: the majority of black South Africans felt that the TRC had helped to improve relations between the races, while the majority of whites believed that the TRC had failed to bring racial groups closer together (Business Day, *Most believe truth body harmed race relations, survey finds*, retrieved on 15<sup>th</sup> March 2004 from <http://www.bday.co.za/98/0727/news/n15.htm>; South African Press Association, *TRC has harmed race relations: Survey*, retrieved on 15<sup>th</sup> March 2004 from <http://www.truth.org.za/sapa/9807/s980727a.htm>). However, a more recent survey of a representative sample of 3,700 South Africans found that, across all race groups, those who are more accepting of the TRC's version of the truth about apartheid are also more likely to

feel reconciled with other racial groups in the country (Gibson, 2004). Although the study cannot establish a causal relationship between truth acceptance and greater reconciliation, neither does it find any evidence that accepting the TRC's version of the truth contributes to 'irreconciliation' (that is, a worsening of tensions) between racial groups (Gibson, 2004).

The amnesty trials, with their provision of amnesty in return for full disclosure, were an important aspect of the TRC's attempt to promote a culture of reconciliation rather than retribution between white and black South Africans. There has generally been much dissatisfaction with both the principle of amnesty and the way in which the amnesty process was carried out (Shea, 2000). With regard to the former, many survivors of gross human rights violations have rejected the legitimacy of the amnesty provision. The families of murdered activists Steve Biko and Griffiths Mxenge legally challenged (unsuccessfully) the constitutionality of the amnesty mechanism (Truth and Reconciliation Commission, 1998, vol. 1), while other victims have argued that the amnesty provision weighted the TRC process in favour of perpetrators rather than victims, and cheated victims of the justice to which they were entitled (Hamber, Nageng & O'Malley, 2000). The TRC's choice of amnesty recipients has also received criticism. Even though only a relatively small proportion of applicants were actually granted amnesty, these included some of the most prolific torturers and murderers in the security forces (Gutmann & Thompson, 2000), while those who gave the orders for acts of state-perpetrated atrocities rarely participated in the amnesty process at all (Hayner, 2002), thus enjoying a situation of virtual impunity. Relatedly, it has been argued that amnesty applicants seldom expressed acknowledgment of wrongdoing or genuine remorse for their actions (Allan & Allan, 2000; Shea, 2000) and the TRC has been castigated for not making this a condition for amnesty (Asmal et al., 1997).

It may be argued, therefore, that the amnesty trials in many ways fostered further resentment and acrimony between black and white South Africans, rather than reconciling them. On the other hand, it has been suggested that survivors probably gained more from the TRC's amnesty process than they would have from criminal trials: within South African jurisprudence, trials for human rights abuses seldom result in prosecutions, due to a lack of evidence, and conviction does not always provide a basis for compensation (Simpson, 2002). The needs and interests of victims may therefore not necessarily have been met through the criminal prosecution of perpetrators.



Reparations for human rights violations are also an important aspect of the reconciliation process between black and white South Africans. In this respect, the achievements of the TRC have been limited. It has been argued that the responsibility for reparation payments should not fall upon the new, democratically elected government, but rather that financial restitution should be made by either individual perpetrators or by the beneficiaries of apartheid (i.e. white South Africans, and the white-owned corporate sector) (Christie, 2000; Soyinka, 1999). Additionally, the ongoing delay in implementing the TRC's reparations recommendations has been the cause of considerable frustration. A year after the TRC's recommendation were made, about 2500 small interim payments were granted, but six years after the publication of the TRC's final report, the government had yet to implement the payment of further reparations. The long wait for reparations for victims is in stark counterpoint to the rapid turn-around time for granting amnesty to perpetrators (Allan & Allan, 2000; Shea, 2000), and victim support groups have expressed their dissatisfaction with the TRC's perceived failure to meet its reparation promises (Hamber et al., 2000). Although the TRC's mandate was to recommend rather than implement reparations, some argue that it failed to adequately challenge the state's sluggish response to these recommendations (Walaza, 2000).

The current literature therefore suggests that the TRC has only been partially successful in achieving its goals of truth and reconciliation at the national level. The limitations of the TRC's truth-finding process, amnesty mechanisms and reparations programme, form an important backdrop for understanding how the TRC process may have impacted upon psychological healing and forgiveness among individual deponents. However, a comprehensive account of the achievements of the TRC requires that evaluations of the TRC's national achievements should be complemented by an evaluation of its impact on individual deponents, and this study hopes to contribute to this process.

### **2.3. Chapter Summary**

In the post-World War II context, state-perpetrated human rights abuses came to be officially recognised, defined and censured by international bodies. This facilitated the development of truth commissions as mechanisms for transition in societies previously characterised by violent state repression. Like other truth commissions, the South African TRC served as an important transitional mechanism at a delicate point in the country's history. However, the

TRC in South Africa built substantially on previous truth commissions to offer a new model that incorporated a public victim-centred story-telling approach, and an emphasis on individual, as well as national, healing and forgiveness. These elements of the TRC process are currently held up as the model for truth commissions in other countries. It is therefore critical that the benefits and limitations of the TRC process for individual survivors of human rights abuses should be carefully evaluated, in the same way as the achievements of the TRC at the national level have begun to be evaluated. This will ensure that the goals of future truth commissions can be realistically framed, and resources allocated in such a manner as to provide maximum benefit to survivors.

The current study aims to contribute to this process, by assessing whether survivors of human rights violations who participated in the South African TRC process differ from survivors of human rights violations who did not participate, with regard to their current psychological health and their forgiveness attitudes towards the perpetrators. In order to do so, the concepts of psychological healing and forgiveness must first be carefully conceptualised and defined. Furthermore, the possible mechanisms whereby TRC testimony may facilitate both psychological healing and forgiveness must be theorised. In the following chapter, an attempt is made to develop a conceptualisation of 'psychological healing' that is relevant to survivors of human rights violations, and the mechanisms whereby testimony is theorised to promote psychological healing are reviewed. Thereafter, Chapter 4 attempts to develop a definition of forgiveness that allows for this complex concept to be systematically assessed, and considers the place of testimony in current theoretical contributions on the forgiveness process.

**Notes:**

1. 58 Stat. 1544, E.A.S. No. 472, 82 U.N.T.S. 280, 8 August 1945.
2. UN GA Res 217, 10 December 1948.
3. UN GA Res 3068, 30 November 1973.
4. UN GA Res 2391, 26 November 1968.

5. UN Security Council Res 392, 19 June 1976; UN Security Council Res 473, 13 June 1980; UN Security Council Res 556, 13 December 1984.
6. UN Doc. A/CONF.183/9, 27 July 1998.
7. This distinction is noted on the United Nations website for the International Criminal Court, retrieved on 23 July 2004 from <http://www.un.org/law/icc/statute/iccq&a.htm>
8. Promotion of National Unity and Reconciliation Act (No. 34 of 1995), Office of the President, Republic of South Africa No. 34 of 1995 (#1111, July 26, 1995).
9. In the TRC's final report (Truth and Reconciliation Commission, 1998, vol. 1), Archbishop Tutu defines the African term *ubuntu* as humaneness, a belief that "people are people through other people" (p. 127). Sometimes also expressed as "I am because we are", it is an expression of a sense of community based on respect for human dignity, reciprocity and cohesion (Wilson, 2001). In the TRC's final report (Truth and Reconciliation Commission, 1998, vol. 1), the notion of *ubuntu* is used to motivate the TRC's pursuit of restorative justice as opposed to retributive justice.
10. Although the author rejects the use of racially constructed terms as discriminatory, it is nevertheless necessary to use these terms in the text insofar as they reflect the past history and reality of the divisions and social structures created by apartheid.

## CHAPTER 3

### TRC TESTIMONY AS A SITE OF PSYCHOLOGICAL HEALING

*“I am a living zombie; psychologically and emotionally, I am dead.”*

Anonymous TRC deponent

(Truth and Reconciliation Commission Report, 1998, vol. 5, p. 131)

*“I feel that what has been making me sick all the time is the fact that I couldn’t tell my story.*

*But now it feels like I got my sight back by coming here and telling you the story.”*

Lukas Baba Sikwepere, TRC deponent blinded by police

(Truth and Reconciliation Commission, 1998, vol. 5, p. 352)

If this dissertation is to systematically investigate the TRC’s claims that testifying resulted in ‘psychological healing’ for survivors of human rights violations, this outcome needs to be carefully conceptualised and defined. The TRC itself did not delineate in explicit terms the form of psychological healing that it may have facilitated for survivors of human rights abuses. However, research with survivors of human rights abuses has identified specific mental health consequences commonly associated with experiences of violation, and the mental health outcomes chosen for the present study are based on the current state of knowledge in this area. This chapter begins with a review of the psychological outcomes of human rights violations identified in the research literature. The parameters of the review are delineated, and a brief general overview provided. Thereafter, the relevant empirical literature is organized for review according to the types of populations sampled: studies focusing on political prisoners, torture survivors, refugees, and survivors of human rights violations still living in their country of origin, are reviewed in turn. A general critique of this literature is then offered, elucidating the major limitations inherent in current research in this area.

The second part of the chapter considers whether there has been any previous theoretical or empirical support for the TRC’s assumption that testimony can result in psychological healing for trauma survivors. Theoretical and empirical contributions on the mechanisms whereby testimony facilitates psychological healing for survivors of trauma are reviewed, and

the role that these mechanisms may have played in the context of the TRC's victim hearings is considered. Thereafter, literature regarding the method of testimony therapy, which has been specifically developed as an intervention for survivors of human rights abuses, is reviewed. The review considers whether evidence from the testimony therapy literature can offer support for the TRC's claims that giving testimony about human rights violations facilitates psychological recovery.

### **3.1. Psychological Effects of Human Rights Violations**

This section reviews findings on the psychological outcomes of political violence and human rights abuses. The literature search, conducted on the Psychinfo and Medline databases, targeted studies on political violence in general, as well as those focusing on specific forms of human rights abuses that were common in South Africa during the apartheid era. The most common human rights abuses were political detention, torture, politically motivated killing, and politically motivated disappearances (for reviews of the prevalence of human rights violations during apartheid, see Coleman, 1998; South African Institute of Race Relations, 1986, 1988, 1990; Truth and Reconciliation Commission, 1998, vol. 3 & vol. 5).

The literature on the psychological impact of human rights abuses is extensive, dating back at least to the aftermath of World War II. Since it is beyond the scope of this chapter to survey six decades of literature, only literature published in the past two decades is included in the review. The review is also limited with regard to the age of relevant populations: Since only a few participants in the present study would have been children during the height of apartheid-era violations, and the impact on children of trauma in general, and of political violence in particular, is different in many respects from its impact on adults (Dawes, 1990; Pynoos, Steinberg & Goenjian, 1996; Terr, 1991), the following review will focus on studies of adult populations only. While both international and South African research is considered, the review is limited to studies published in English or providing an English abstract. The review does not aim to be exhaustive; rather, this section aims to provide a broad overview of the most common trends emerging from research findings in the area.

### *3.1.1. General Overview*

The psychological effects of human rights abuses and political violence have tended to be narrowly defined in the empirical literature as psychiatric outcomes – diagnoses that are included in psychiatric nosologies, and in particular the Diagnostic and Statistical Manual of Mental Disorders (DSM; APA, 1952, 1968, 1980, 1987, 1994, 2000). The impact of such abuses on other aspects of the psychological functioning and adjustment of survivors, such as their sense of identity or sense of self, meaning systems, and quality of relationships, has seldom been empirically explored. The most commonly reported psychiatric diagnoses among survivors of political violence are posttraumatic stress disorder (PTSD) and depression, the outcomes that are also most commonly associated with other forms of interpersonal violence (McFarlane & de Girolamo, 1996). Existing studies have in general reported a high prevalence of both PTSD and depression among survivors of chronic and/or severe political violence and repression, in comparison to lifetime prevalence rates in the American general population of 8% for PTSD (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995) and 6% for depression (Kessler et al., 1994).

Although the outcome measures employed have usually been DSM-based, comparability across studies of survivors of human rights violations is difficult due to sampling variations. Some studies have been conducted with populations still living in situations of political violence or state repression, typically in the developing world, while others have focused on refugees in developed Western countries. Stressors and psychological challenges differ substantially for these two populations. Those who continue to reside in sites of political violence face ongoing threats to their physical security and freedom and, often, difficulties in meeting basic needs for food and shelter; while refugees in developed countries must deal with problems related to ongoing geographic displacement, seeking asylum status and acculturation (de Jong et al., 2001; Human Rights and Equal Opportunity Commission Report, 1998; Mollica et al., 1993; Silove, McIntosh & Becker, 1993; Silove, Sinnerbrink, Field, Manicavasagar & Steel, 1997). While both populations tend to display higher rates of psychiatric disorder than the general population, the pathways to these disorders may vary considerably across the two groups.

Other studies have focused specifically on torture as a traumatic stressor, sampling only from volunteer and clinic populations who have been tortured. Still others have assessed

posttraumatic responses in war-affected populations exposed to multiple traumas, sometimes including torture as a separate variable, and sometimes not (Silove & Kinzie, 2001). The use of variable measures of trauma and torture exposure compounds these sampling variations, further precluding meaningful comparison across studies.

In order to provide a structure within which to organize these disparate studies of survivors of political violence, the following review is organised, as far as possible, according to the nature of the chosen samples. Studies targeting political prisoners, torture survivors, refugee populations, and populations currently residing in contexts of political violence, are reviewed in turn.

### *3.1.2. Political Prisoners*

This section reviews studies of the psychological impact of political detention. Although political detention is often the context in which torture occurs, and some authors have argued that detention is itself a form of psychological torture (Foster & Skinner, 1990; Levin, 1988), detention also often occurs in the absence of torture, and its impact should not necessarily be conflated with that of torture. For the present review, political detention is conceptualised as the incarceration by the state of its own citizens, with the goal of curbing activity against the state or its policies, and/or of interrogating citizens regarding such activities. Studies of prisoners of war (POWs), who are incarcerated by an enemy state, and of concentration camp survivors, who are typically incarcerated as part of a state program of genocide or ethnic cleansing, are not included in this definition.

A small, uncontrolled study of 55 former East German political prisoners utilizing clinician- and self-ratings reported a current PTSD rate of 22%, a relatively low rate of major depression (7%), but a high rate of dysthymia (27%) (Bauer, Priebe, Haering & Adamczak, 1993). The most common complaints reported by participants were sleep disturbance (52%), depressed or sad mood (43%), and general anxiety (41%), suggesting the presence of a sub clinical anxiety-depression syndrome. Exposure to physical torture among participants is not reported in this study, although approximately one third described extensive interrogations as being the most stressful aspect of their imprisonment. A larger uncontrolled study was conducted with 176 political prisoners in South Africa, of whom 83% reported that they had been physically tortured (Foster, Davis & Sandler, 1987). Self-reported symptoms of anxiety,

depression, impaired cognitive functioning, somatisation and emotional numbing were common in this sample. Increased time in detention, and increased number of interrogation sessions, were both associated with increased health and mental health problems.

More recently, several controlled studies have utilized structured diagnostic interviews. A controlled study of 146 former East German political prisoners reported a 30% current and 60% lifetime rate of PTSD, significantly higher than those found in an age- and sex-matched comparison group of East German citizens (Maercker & Schützwohl, 1997). Rates of claustrophobia, social phobia and substance abuse were also significantly higher in the prisoner group, while rates of depression and dysthymia were not. The same authors later reported that those participants meeting full PTSD criteria also demonstrated significantly more anger than those with partial or no PTSD symptoms (Schützwohl & Maercker, 2000). In another controlled study, Mollica and colleagues (1998) compared 62 Vietnamese ex-political prisoners with a control group of 22 Vietnamese men, all currently residing in the United States. While controls were not matched, differences in sample characteristics were controlled statistically. High, but not significantly different, rates of PTSD (88% of ex-prisoners and 77% of control subjects) and depression (57% vs. 36%) were found in both groups. The small between-group difference may be due to the presence of prior torture exposure in both groups. A recent controlled study compared 76 previously imprisoned with 74 never imprisoned Tibetan refugees (Crescenzi et al., 2002); the former had significantly higher rates of anxiety but the groups had similar rates of depression and somatic complaints.

As with other forms of trauma (see, for example, Ehlers & Clark, 2000; Foa & Riggs, 1993; Janoff-Bulman, 1992; Lebowitz & Roth, 1994; McCann & Pearlman, 1990), the relationship between political detention and adverse psychological responses may be mediated by cognitive interpretations of the experience and its impact. For example, the severity of PTSD among ex-political prisoners has been reported to be associated with appraisals of prison experience as being harmful and involving loss, with a sense of mental defeat and alienation during imprisonment, and with perceived negative change in personality and life aspirations post-imprisonment (Ehlers, Maercker & Boos, 2000; Kanninen, Punamäki & Qouta, 2002). While the retrospective nature of these studies limits conclusions about causality, a recent prospective study of assault victims suggests that these cognitive variables may have an important predictive role in PTSD (Dunmore, Clark & Ehlers, 2001).



### *3.1.3. Torture Survivors*

The psychological impact of torture has been more systematically documented by researchers than any other form of human rights violation. In an investigation of torture methods employed by the state in Chile (Pesutic, 1989), it was recognised that all forms of torture involve psychological suffering, and form part of the state's psychological warfare against its citizens. However, there are also specific forms of psychological torture. These may include simulated executions, solitary confinement, degradation, disinformation (e.g. telling the detainee that a loved one has been killed), confronting the detainee with an impossible choice (e.g. saving their comrades or saving a loved one), and witnessing others being tortured (Basoglu & Mineka, 1992; Priebe & Bauer, 1995). Forms of physical torture commonly employed by repressive regimes worldwide include beatings, suspension, strapping, electrical shocks, forced positions, and sexual torture (see, for example, Skylv, 1992).

The most commonly reported symptoms across uncontrolled studies with torture survivors include the following: anxiety; depression; cognitive, memory and attention problems; vegetative symptoms of lack of energy, sleep disturbance and sexual dysfunction; irritability or aggression; and social isolation or withdrawal (see reviews by Basoglu, Jaranson, Mollica & Kastrup, 2001; Goldfeld, Mollica, Pesavento & Faraone, 1988; Somnier, Vesti, Kastrup & Genefke, 1992). With regard to full-blown psychiatric diagnoses, uncontrolled studies of torture survivors have documented a high occurrence (compared with general population rates) of both PTSD (30% – 50%; El Sarraj, Punamaki, Salmi & Summerfield, 1996; Ramsay, Gorst-Unsworth & Turner, 1993; van Velsen, Gorst-Unsworth & Turner, 1996) and depression (35%-42%; Ramsay et al., 1993; Bouwer & Stein, 1998; Van Velsen et al., 1996), with frequent comorbidity of the two. In a small South African study of 14 torture survivors that utilized a DSM-IV based psychiatric interview (Bouwer & Stein, 1998), all participants had PTSD and panic disorder, while 57% met the diagnostic criteria for a major depressive disorder.

Early controlled studies of the effects of torture (Hougen, Kelstrup, Petersen & Rasmussen, 1988; Petersen & Jacobsen, 1985) reported significantly more psychological symptoms (including anxiety, depression and cognitive disturbances) among torture survivors than controls, but were limited by small and inadequately matched samples, and the use of non-standardised diagnostic measures (Basoglu et al., 2001). A later study by Basoglu and

colleagues (Basoglu et al., 1994), employing greater methodological rigor (including a larger, adequately matched sample, and the use of a DSM-III-R diagnostic interview and other standardised measures), reported a current PTSD rate of 18% in tortured political activists, significantly higher than the 4% found in the control group of non-tortured activists. These findings have been closely replicated by Shrestha and colleagues (1998) in a random controlled community survey of 526 matched pairs of Bhutanese refugees: 14% of torture survivors had PTSD compared to 3% of non-tortured controls. In both studies, rates of PTSD in torture survivors are higher than those found in the general population, but lower than those reported for survivors of civilian trauma or natural disasters, suggesting the possible presence of protective factors among torture survivors.

Basoglu et al. (1994) hypothesized that the high level of political activism in their group of torture survivors may have played a protective role. A follow-up study by the same group (Basoglu et al., 1997) compared the original group of torture survivors with a group of torture survivors who had no history of political activism, and found that the latter group displayed significantly more PTSD (58% vs. 18%) and depression (24% vs. 4%). Psychological preparation for incarceration and torture, higher among the political activists, was the strongest predictor of long-term psychopathology. This finding was replicated by Holtz (1998) in his controlled cohort study of exiled Tibetans: those who were more psychologically prepared for detention and torture (i.e. those who had a strong belief system, the ability to give meaning to torture experiences, the ability to predict traumatic stressors, and who were 'desensitised' to traumatic stressors through prior political activity) had significantly less post-torture psychopathology than those who were unprepared.

Risk factors for PTSD in torture survivors include greater subjective severity of torture, greater psychosocial stress in the post-torture environment, previous psychiatric history, and the absence of social support (Basoglu et al., 1997; Basoglu & Paker, 1995; Basoglu et al., 1994). The secondary consequences of war, state repression and displacement (such as ongoing harassment by authorities, economic hardship and geographic uncertainty) appear to increase the risk of PTSD and the severity of PTSD symptoms among torture survivors (Basoglu et al., 1994; El Sarraj et al., 1996). However, torture remains an important risk factor for PTSD even when refugee trauma is taken into account: recently, Silove, Steel, McGorry, Miles and Drobny (2002) found significantly higher PTSD scores among Tamil refugees exposed to torture than those not exposed to torture, after controlling for overall levels of

trauma exposure. Pertinent to debates regarding the TRC's amnesty mechanism (see Chapter 2), it has also been argued that impunity for perpetrators may exacerbate the psychological difficulties of survivors (Carmichael & McKay, 1996; Gordon, 1994; Lagos & Kordon, 1996; Roht-Arriaza, 1995). In an empirical exploration of this with 61 Turkish torture survivors, Basoglu and colleagues (Basoglu et al., 2001) found that severity of posttraumatic stress responses was associated with a sense of injustice regarding the impunity enjoyed by perpetrators.

Controlled studies suggest that general levels of anxiety are not as pronounced among torture survivors as are PTSD symptoms. Holtz (1998) found that levels of anxiety among tortured participants were only moderately significantly higher than those of non-tortured participants, while Basoglu et al. (1994) found that while there were higher levels of anxiety among tortured participants, these were still within the normal range. The controlled findings on depression, drawn from a range of different populations, are equivocal: Holtz found a higher, but not statistically significantly different, rate of elevated depression scores among tortured (14%) as opposed to non-tortured (6%) Tibetans; Basoglu et al. (1994) reported that current depression, while higher among Turkish torture survivors than controls, was still in the normal range (4%; Basoglu et al., 1994); while both Franciskovic, Moro and Kastelan (2001) and Shresthra et al. (1998) reported significantly higher levels of depression in torture survivors than non-tortured controls. In addition to PTSD, depression and anxiety, somatisation and preoccupation with bodily complaints that have no apparent medical basis have also frequently been documented among torture survivors (Basoglu, 1992; Mollica, Wyshak & Lavelle, 1987; Somnier et al., 1992).

Psychological responses other than DSM-based psychiatric diagnoses may also be common among survivors of torture. Torture is designed to induce feelings of helplessness and humiliation in its victims; these feelings may endure after release, impacting on the survivor's social functioning, although their persistence depends on post-detention factors such as social supports, and the presence of ongoing threats to self or loved ones (Basoglu & Mineka, 1992). It is not uncommon for tortured detainees, under ongoing conditions of uncontrollability and unpredictability, to give statements to the security police implicating others (Foster, 1989). Some South African torture survivors who did so reported to the TRC that they carry an additional psychological burden of intense guilt and shame long after release from detention (Truth and Reconciliation Commission, 1998, vol. 2). However,

feelings of guilt and shame among torture survivors have seldom been systematically explored (Somnier et al., 1992).

Permanent physical disability or brain damage resulting from torture, the avoidance of traumatic reminders that is symptomatic of PTSD, and high levels of somatisation among torture survivors, may impair the economic and social life of torture survivors and their families, although this too has yet to be demonstrated empirically (Basoglu et al., 2001). Torture survivors frequently exhibit behavioural changes such as excessive stubbornness and authoritarian attitudes, in an apparent attempt to regain status and control in the family, which may place strain on the whole family (Comite de Defensa de los Derechos del Pueblo, 1989; Gonsalves, 1990). In addition, the separation of a prolonged detention, as well as the psychological difficulties and socioeconomic stressors that result from torture, can result in the breakdown of marital relationships (Basoglu et al., 2001).

In summary, findings suggest that torture is a complex trauma with a broad range of associated psychological reactions. The weight of evidence indicates that, across different cultures and contexts, torture is associated with higher rates of PTSD than those reported for non-tortured political prisoners and for the normal population, although larger controlled studies indicate lower rates than those reported for survivors of civilian trauma. While somatisation, depression and anxiety disorders other than PTSD are common among torture survivors, it is unclear whether they are consistently more at risk for these disorders than the general population. In general, findings suggest that while torture is a severe stressor that presents an enormous psychological challenge, many torture survivors do not develop significant psychological symptoms, and may be protected by their belief and meaning systems, their preparedness for interrogation and torture, and social supports in the post-torture context.

#### *3.1.4. Refugees*

The term 'refugee' is used here to denote persons who have been geographically displaced from their country of origin due to war or political violence. While the refugee experience is not directly applicable to survivors of human rights abuses in South Africa (although many sought exile in other countries to escape arrest), refugees have typically experienced multiple forms of human rights violations and political violence, often but not always including

detention and torture. Refugee populations have frequently been targeted by researchers interested in assessing the impact of political violence, since they are often more accessible than those survivors still residing in sites of ongoing conflict. Unlike the latter, refugees' experiences of political violence are compounded by the stresses inherent in geographic displacement, although Shrestha et al. (1998) suggest that asylum in refugee camps or centres may also offer a degree of security and safety not experienced in the home country.

Substantially higher rates of PTSD than those found in the general population and among survivors of civilian traumas or natural disasters have been reported among refugees applying for social services (90%; Mollica et al., 1998), visiting welfare centres (37%; Silove et al., 1997), and attending clinics and hospitals (40%-65%; Ekblad & Roth, 1997; Kozaric-Kovavic, Folnegovic-Smalc, Skrinjaric & Marusic, 1995; Lavik, Hauff, Skrondal & Solberg, 1996; Mollica et al., 1987, 1993; Weine et al., 1995). However, these high rates may be due to the sampling bias inherent in targeting at-risk groups of refugees, since, by contrast, epidemiological or community studies of refugee populations have reported rates comparable to, or lower than, the general population. An epidemiological study of Cambodian refugees found that only 15% had PTSD (Mollica et al., 1993), while even lower rates have been reported for community samples of Vietnamese refugees in Norway (9%; Hauff & Vaglum, 1993) and the United States (3.5%; Hinton et al., 1993), despite high rates of trauma exposure in these samples. Silove (1999) suggests that these unexpectedly low rates of PTSD among refugees who do not fall into specific at-risk groups may be due to as yet unspecified culturally based protective factors.

Why are there widely varying rates of PTSD and depression across studies of refugees, even where similar sampling techniques are employed? To some extent this can be accounted for by the use of disparate assessment instruments; yet standardised DSM-based instruments have been used in most studies (Silove & Kinzie, 2001). Rather, despite some commonalities, 'refugees' are not a homogenous grouping, and direct comparison across samples may be neither meaningful nor appropriate. Refugee samples vary according to their length of stay in the asylum country, the living conditions in which they are accommodated, and their experience of trauma exposure in the home country. With regard to the latter, refugees from different contexts of political violence have likely experienced different forms and levels of political repression; for example, torture exposure or experiences of ethnic cleansing, which present survivors with unique psychological challenges and risks (Weine, Vojvoda, Hartman

& Hyman, 1997), may be highly prevalent in some refugee samples and less prevalent in others. Instead of attempting to compare rates of PTSD across studies, it is arguably more useful to identify common risk factors for PTSD across refugee samples.

Cumulative trauma is the most consistent predictor of PTSD across studies of refugees: a greater number of trauma experiences increases the risk of PTSD (Ai, Peterson & Ubelhor, 2002; Miller et al., 2002; Mollica et al., 1998; Silove et al., 1997). Additionally, some forms of trauma exposure may be more predictive of PTSD than others: one study of Tamil refugees reported that PTSD was most strongly associated with detention and abuse experiences, followed by traumatic loss/bereavement, and finally by exposure to conflict and social upheaval (Steel, Silove, Bird, McGorry & Mohan, 1999), while a study of Bosnian refugees found only events characterized by high levels of violence to be predictive of PTSD (Miller et al., 2002). Non-trauma factors such as female gender (Ai et al., 2002; Hauff & Vaglum, 1993), past psychiatric history (Hauff & Vaglum, 1993; McFarlane, 1995), and postmigration stressors (Steel et al., 1999; Silove et al., 1997) may enhance the risk for PTSD across refugee populations.

Reported rates of depression in refugee samples also vary substantially, possibly for reasons similar to those discussed for PTSD. Studies of resettled refugees report depression rates varying between 11% and 86% (Bernstein Carlson & Rosser-Hogan, 1991; Hinton et al., 1993; Silove et al., 1997; Weine et al., 1995), while a rate of 55% was reported among Cambodians still living in a refugee camp (Mollica et al., 1993). Some studies (Hinton et al., 1993; Mollica et al., 1993) have reported higher rates of depression than PTSD, an opposite trend to that seen in studies of non-refugee torture survivors. This suggests that the refugee experience may be more likely to place one at risk for depression than PTSD: the multiple losses that constitute the refugee experience may engender a sense of cultural bereavement akin to the mourning processes that commonly precipitate depression in the general population (Baker, 1992; Eisenbruch, 1991; Weine et al., 1995). However, the presence of good social supports may play an important role in protecting refugees from depression (Gorst-Unsworth & Goldenberg, 1998). There has been little attempt to identify other resiliency factors among refugee samples (Phibbs Witmer & Culver, 2001).

### *3.1.5. Studies of Populations Residing in Sites of Current or Former Political Violence*

This section will review those studies of populations affected by political violence that do not focus specifically on political prisoners, torture survivors, or on geographically displaced populations, and hence most closely resemble the sampling approach used in the present study. Several authors have noted the dearth of studies conducted with survivors of human rights violations in their country of origin (de Girolamo & McFarlane, 1996; Pederson, 2002; Somnier et al., 1992).

A few studies have attempted to establish the psychological impact of living in contexts of protracted political violence. A study of 160 women living in Taliban-controlled Afghanistan utilized random sampling of lists from humanitarian assistance organizations together with chain sampling (Rasekh, Bauer, Manos & Iacopino, 1998). Many participants and/or their family members had been detained and/or physically abused by religious or security forces. In a self-report questionnaire, 42% of cases met DSM-IV criteria for PTSD, while 97% and 86% met criteria for clinically significant major depression and anxiety, respectively. Over a third of the sample met criteria for all three.

In (to the author's knowledge) the only published South African study conducted since the transition to democracy to empirically assess psychological disorders in survivors of human rights violations, Pillay (2000) assessed 147 survivors of human rights violations who had come forward to testify to the TRC. The study utilized a semi-structured screening questionnaire for psychological disorders developed for the study, as well as a standardised PTSD checklist. Rates of PTSD were variable across geographical areas (25% - 56%) but were considerably higher than general population rates for American samples. Anxiety disorders ranged between 5% and 81%, and mood disorders between 63% and 93% across areas. Rates of substance abuse and somatic complaints were also high. While variations across the sample may be due to regional differences in levels of political violence, the generally high rates of disorder reported in this study should be treated with caution, as the study does not specify which mood and anxiety disorders were included, the degree to which the screening interview conformed with DSM IV clinical thresholds, or the translation procedures used in order to assess the sample, for whom English was not their first language.

Randomized studies utilizing standardised, DSM-based diagnostic interviews have seldom been conducted on general, non-refugee populations residing in contexts of political violence. However, a recent cross-cultural epidemiological study using the same standardised, structured clinical interview in four different contexts of political violence, reported substantially differing rates of PTSD across regions: 37.4% in Algeria, 28.4% in Cambodia, 15.8% in Ethiopia and 17.8% in Gaza (de Jong et al., 2001). The authors suggest that much of this variance can be accounted for by contextual differences which create unique risk factors for PTSD: for example, their study found that psychiatric history and current illness were risk factors in Cambodia and Ethiopia, while youth domestic stress, death or separation in the family and parental alcohol abuse were associated with PTSD in Cambodia. This finding suggests that a focus on unique context-specific risk factors for psychological disorder should supplement attempts to identify common risk factors across survivor populations.

Several studies of survivors of human rights violations still living in their country of origin have focused on family members of activists who have disappeared as the result of political violence. Disappearances refer to the illegal abduction or legal incarceration of persons suspected by the state security forces of being involved in activity against the state, after which family members are unable to establish the fate of the person as the authorities deny any knowledge of their whereabouts. The reports of mental health professionals working in Latin American countries whose military regimes have been characterised by disappearances (most notably Chile and Argentina), suggest that disappearances create enormous anxiety in the general population through the sense that uncontrollable, omnipotent and omnipresence forces are at work (Hollander, 1997). However, the families of the disappeared suffer very particular psychological responses. Repeated denials by state authorities that the missing person is incarcerated or dead create a severe disturbance of reality for surviving family members. This may entail dissociative experiences and *“feelings of having delusions or hallucinations”* that may be transitory or permanent (Agger & Jensen, 1996, p. 137). Case study research with 24 Chilean families of the disappeared demonstrated a tendency towards encapsulation and marginality – inward withdrawal, and isolation from the environment around them (Comite de Defensa de los Derechos del Pueblo, 1989). Another study of Chilean relatives of the disappeared, utilizing a standardised psychiatric interview, reported a low rate of PTSD (4%) but a high rate of mood disorders related to the disappearance (27%) (Perez-Sales, Duran-Perez & Herzfeld, 2000). The latter may be explained by incomplete bereavement due to the absence of a body or other proof of death, failure on the part of the



perpetrating regime to acknowledge that activists were deliberately ‘disappeared’, and a pervasive societal silence around the issue of disappearances (Agger & Jensen, 1996; Hollander, 1997; Perez-Sales et al., 2000; Robben, 2000; Tully, 1995).

The gradual, uncertain bereavement that is brought on by years of waiting to learn about the fate of a disappeared loved one is likely to be qualitatively different from the sudden, unexpected or violent bereavement that is commonly associated with PTSD in the general population (see, for example, Breslau et al., 1998). There has been little empirical research documenting the psychological effect on families of witnessing, or hearing about, the death of a loved one as the result of political execution, torture, clashes between police/security forces and activists, or violence between conflicting factions. One study of the families of Palestinian victims of a politically motivated massacre reported that widows and daughters evidenced higher anxiety, phobic responses and somatisation than sons, suggesting that culturally- and religiously-prescribed gender roles may contribute to different bereavement responses (Al-Krenawi, Graham & Sehwal, 2001-2002). It is unclear, however, whether this pattern is unique to politically linked bereavements or occurs across other forms of bereavement in this population. Anecdotal clinical evidence from Chile suggests that PTSD symptoms such as nightmares, flashbacks and intrusive thoughts are common among family members of murdered activists, as are feelings of rage, injustice and sorrow (Agger & Jensen, 1996).

In addition to the impact of specific human rights violations, it is likely that the general context of living under ongoing conditions of state repression and political violence also has profound psychological implications. Mental health professionals working with survivors of human rights violations in Latin American countries such as Chile and Argentina consistently emphasise their clients’ feelings of helplessness and defencelessness in the face of perpetual state-perpetrated terror (Hollander, 1997; Lira, 2001; Puget, 1989), although these responses have not been systematically assessed. It has also been suggested, but not investigated, that traumas related to political conflict may create particular risks for psychological disturbance because the entire societal context is unsafe: since the realistic threats are ongoing, and the community as a whole feels chronically unsafe and helpless, the social context may be unable to offer support, holding and containment to victims of specific violations (Agger & Jensen, 1996). Thus, while current research offers some insight into the psychological impact of

living in contexts of protracted political conflict, there is much that remains to be empirically investigated.

### *3.1.6. Critique of Empirical Literature*

Before using the existing literature on the effects of human rights abuses as a basis for defining ‘psychological healing’ in the current study, this literature should first be critically evaluated. This section therefore provides an overview of the major limitations in existing research on the psychological impact of human rights violations. Research design, diagnostic, and political critiques are considered in turn, although to some extent these areas of critique overlap and intersect with each other.

#### *3.1.6.1. Research Design*

The majority of studies of survivors of human rights abuses have been conducted retrospectively, and without control groups, thus limiting conclusions about causality. There is a simplistic assumption in most studies that the trauma experience by which the sample group has been defined or selected (political prisoners, torture survivors, refugees etc.) is the causative factor for any current psychopathology present in the sample (Basoglu et al., 2001). Yet survivors of human rights violations have typically experienced multiple forms of human rights violations, and have often also been exposed to the kinds of non-political traumas (e.g. criminal violence, natural disasters) that can result in PTSD (Basoglu et al., 2001). Existing studies seldom report the degree to which the focal trauma for PTSD among participants is a human rights violation as opposed to another form of trauma. The interrelationship between different forms of trauma and stress exposure in causing or enhancing risk for psychopathology is a complex one, even before one considers the role of demographic factors, personality variables, social support factors, cognitive appraisal processes and cultural influences (Basoglu et al., 2001). Basoglu et al. (2001) recommend the use of controlled, longitudinal research designs and multivariate statistical techniques to elucidate these complex relationships. However, while ideal, it is often logistically difficult to establish research designs of this sort in contexts of ongoing conflict and oppression, and researchers continue to resort to cross-sectional retrospective designs in post-conflict settings. The usefulness of control groups in teasing out the impact of human rights violations is limited unless groups are matched on exposure to both political and non-political forms of trauma, in

addition to demographic variables. Without this, higher rates of PTSD and other forms of psychopathology in the control group cannot with certainty be attributed to experiences of human rights violations.

### *3.1.6.2. Diagnostic Issues*

A common criticism levelled at studies of trauma survivors is the consistently narrow equation of trauma effects with the DSM diagnostic classification of PTSD. It has been argued that trauma responses vary significantly, encompassing a broad range of psychiatric sequelae beyond PTSD, complex characterological changes in response to chronic or repeated exposure, and culturally patterned modes of expressing distress. Research with survivors of human rights abuses has, in general, failed to consider these broader aspects of trauma response.

As the preceding review illustrates, most studies of psychological outcomes among survivors of human rights violations have focused on symptoms of PTSD and, to a lesser extent, depression. However, epidemiological studies of civilian populations indicate that trauma survivors frequently also meet criteria for other diagnostic categories such as substance abuse, other anxiety disorders, dysthymia, bipolar disorder, somatisation disorder and schizophrenia (Davidson, Hughes, Blazer & George, 1991; Helzer, Robins & McEvoy, 1987; Kessler et al., 1995). Evidence suggests that many of these disorders are significantly more prevalent among trauma survivors with PTSD than those without PTSD (see reviews by Breslau, 1998; Solomon & Davidson, 1997). Several reasons for this have been proposed (Alarcon, Deering, Glover, Ready & Eddleman, 1997; Breslau, 1998; Deering, Glover, Ready, Eddleman & Alarcon, 1996): symptoms of other disorders are closely interwoven with those included in the PTSD diagnostic category, rather than being truly comorbid with it, suggesting a much broader post-trauma 'syndrome'; PTSD itself may result in other, secondary disorders; or pre-existing vulnerability in trauma survivors leads to the development of both PTSD and other disorders. Despite these findings and debates, studies of survivors of human rights violations seldom assess psychiatric disorders other than PTSD and depression, and the broad psychiatric needs of this population have thus not yet been fully documented.

Similarly, since the 1990s, those working with survivors of prolonged trauma have argued that the three core symptom clusters of PTSD as defined by the DSM (American Psychiatric Association, 1980; 1987; 1994; 2000) - re-experiencing, avoidance and hyperarousal - are too narrow to encompass the full impact of exposure to chronic, continuous trauma. Indeed, the DSM-IV Field Trials for PTSD indicated that for a substantial portion of individuals with PTSD, the diagnostic criteria described only limited aspects of their experience (Pelcovitz et al., 1997; Roth, Newman, Pelcovitz, van der Kolk & Mandel, 1997; van der Kolk et al., 1996). The concepts of 'complex PTSD' (Herman, 1992a; 1992b), 'disorders of extreme stress' (Pelcovitz et al., 1997) or 'victimisation syndrome' (Silove, 1996) have been developed to describe complex trauma responses that include the following features: enduring changes in identity (ranging from feelings of fragmentation to a sense of not existing); difficulties in regulating affect; lack of motivation; cognitive impairments; somatisation; alterations in consciousness (including dissociation and depersonalization); anger, guilt and shame; interpersonal difficulties (including persistent distrust, and excessive isolation or dependence); and disruptions in systems of meaning (including loss of faith, and persistent hopelessness and despair). Some time after the introduction of PTSD into the DSM nosology (American Psychiatric Association, 1980), the diagnostic category of Disorders of Extreme Stress Not Otherwise Categorised (DESNOS) was introduced to encompass these dimensions of trauma response (American Psychiatric Association, 1994). Similarly, the International Classification of Diseases (ICD-10; World Health Organisation, 1992) includes a diagnosis for enduring personality changes after catastrophic experience. Although the notion of complex PTSD is particularly relevant to the chronic, repeated trauma exposure that characterizes contexts of political violence, it has yet to be systematically assessed among survivors of human rights violations.

Cultural issues in the identification of posttraumatic pathology have also not been adequately addressed in the empirical literature. In recent years, the relevance of the PTSD diagnostic category to non-Western cultures has been increasingly challenged (see reviews by Manson, 1997; Marsella, Friedman & Huland Spain, 1996; Stamm & Friedman, 2000). This argument forms part of a broader debate regarding etic and emic processes in psychiatry (Kim & Berry, 1993; Westermeyer, 1985). The term 'etic' refers to the process of applying a particular (usually Western) meaning system across all cultures; thus, studies that apply the DSM nosology to cultures outside of the Western industrialized contexts in which it was developed, adopt an etic perspective on mental illness. The term 'emic' refers to the exploration of

culturally unique meaning systems; studies applying emic principles should attempt to understand the subjective meaning of the illness experience for the sufferer, which is always culturally mediated (Kleinman, 1986; Lewis-Fernandez & Kleinman, 1995; Swartz, 1998).

As we have seen, research with survivors of human rights abuses across a wide variety of cultural contexts has employed PTSD as the major outcome measure of trauma. What little research has emerged from the developing world has also tended to employ the PTSD diagnostic category, rather than adopting an emic approach to understanding trauma responses. When looked for, high rates of PTSD have been found in many of these samples, suggesting that the disorder may indeed be universal. However, the standardised measures used to assess PTSD may contain items that are poorly understood by, or irrelevant to, respondents from different cultural backgrounds to the ones in which the instrument was developed, raising the possibility that symptoms may be either under- or over-endorsed by respondents (see for example, Manson, 1997, for a discussion of assessing PTSD among Native Americans).

There is also substantial cross-cultural variation in the meaning assigned to PTSD symptoms (such as nightmares and vivid memories) (Bracken, Giller & Summerfield, 1995), and in the extent to which such symptoms are normative or pathological relative to the prevailing cultural 'cut-off point' (Manson, 1997). Similar arguments have been proposed regarding the complexities of assessing depression and anxiety disorders across cultures (Kleinman & Good, 1985; Sartorius, 1987; Swartz, 1998). Kleinman (1987) suggests that the assumption that the same phenomena observed in different contexts mean the same thing across those contexts, is a 'category fallacy'. However, it is important to note that many of the studies of the effects of human rights abuses reviewed in this chapter have assessed PTSD, depression and anxiety via DSM-based structured diagnostic interviews such as the Structured Clinical Interview for DSM III-R (SCID; Spitzer & Williams, 1983), the Anxiety Disorders Interview Schedule (ADIS-R; Dinardo & Barlow, 1988) or the PTSD module of the Composite International Diagnostic Interview Schedule (CIDI; Kessler, 1994): these require either clinically significant distress or impairment in functioning due to symptoms in order for the diagnosis to be made. Whatever the meaning of PTSD- or depression-like phenomena across cultures, it may be argued that, should these experiences cause significant distress or impairment, a diagnosis indicating a need for intervention should be considered. By contrast, studies employing symptom checklists, which seldom allow for an assessment of whether

‘symptoms’ are causing either significant distress or impairment in functioning, should be far more cautious in designating these symptoms as pathological across cultures.

Research with Ethiopian (Zarowsky, 2000), Guatemalan (Brinton Lykes, 2002) and Native American (Manson, 1997) communities has demonstrated that culture- and context-specific meanings may be attached to experiences of political violence. Bracken and Summerfield (1995) argue that the medically based concept of PTSD does not allow for mediating contextual processes: it assumes that an event is objectively damaging or traumatic and results in a universal posttraumatic stress response. They propose an alternative framework whereby social, political and cultural realities structure the context in which violence is experienced, and determine the subjective meaning of the trauma, and the way in which distress is experienced and reported.

Furthermore, studies with survivors of human rights violations in developing countries have seldom attempted to identify consequences of trauma that do not fit diagnostic criteria for PTSD or depression. In one study with Cambodian refugees, Mollica et al. (1993) found a higher rate of an indigenous form of depression than the rate of depression based on western diagnostic criteria. Other common responses to trauma in non-Western populations may include cultural bereavement (discussed above) or somatic responses, including bodily symptoms or the use of bodily metaphors when describing illness experience (Bracken & Summerfield, 1995; Stamm & Friedman, 2000).

The vast empirical literature on the psychological consequences of political violence and human rights abuses has therefore arguably failed to adequately establish the construct validity of PTSD across cultures, or to comprehensively characterise the range of trauma responses among survivors in diverse cultural settings.

#### *3.1.6.3. Political Critiques*

Young (1995) and Summerfield (1999; 2001) have traced the cultural, historical and political factors that gave impetus to the development of PTSD as a diagnostic category, highlighting the shifting nature of our understandings of ‘traumatic stress’ and the ways in which it has come to be socially constructed as an ‘illness’.

Summerfield (1995) argues that since the majority of trauma victims tend to be politically oppressed and/or economically impoverished, trauma and its effects are symptoms of power imbalances in society, not of individual disorder. He strongly disputes the inclusion of such social suffering within the domain of biological psychiatry: *“distress or suffering is not psychopathology”* (Summerfield, 2001, p. 95). This medicalisation of suffering, while offering a form of acknowledgement to victims, has potentially conservative ideological implications, for it offers an apolitical and decontextualised understanding of trauma. This serves to de-legitimise experiences of oppression and exploitation, to marginalize survivors’ feelings of outrage and injustice, and to relegate responsibility for trauma recovery to the individual, rather than to broader societal structures (Eagle, 2002; Kleinman & Kleinman, 1996; Martin-Baró, 1994; Summerfield, 2001; Turner, McFarlane & van der Kolk, 1996). Thus, *“the neglect of the social origins of pain and suffering often results in immodest claims of causality, in the medicalization of social problems, and ultimately leads to the maintenance of social inequalities”* (Pederson, 2002).

The medicalisation of suffering is particularly problematic in the study of the psychological impact of state-perpetrated human rights abuses, as opposed to other traumas. Here issues of power and social oppression are most salient; yet individualised psychiatric sequelae such as PTSD continue to be applied by researchers in this area in an uncritical, apolitical and decontextualised manner.

#### 3.1.7. Summary

The full psychological impact of human rights violations has yet to be comprehensively described by the empirical literature, due to several limitations apparent across studies. These limitations include the following: a reliance on retrospective and often uncontrolled research designs that preclude an analysis of the contribution of various forms of trauma exposure to current psychopathology; a consistent focus on limited outcome measures (i.e. PTSD, depression and anxiety) and a concomitant failure to consider the broader impact of trauma on personality, or of cultural influences on the expression and meaning of posttraumatic responses; and an apolitical, decontextualised approach to characterizing the experiences of survivors of human rights violations.

While holding these limitations in mind, it is apparent from the preceding review that psychiatric outcomes of PTSD, depression and anxiety are commonly reported across at-risk or volunteer samples of survivors of various forms of human rights violations, at rates significantly higher than those found in the general population. This is true of the two South African studies that have assessed psychiatric disorder among survivors of human rights violations (Bouwer & Stein, 1998; Pillay, 2000), although both studies have methodological limitations. In most controlled studies, survivors of political imprisonment or torture have significantly higher rates of PTSD than controls, and higher rates of both PTSD and depression than the general population, although rates of PTSD tend to be lower than those found in survivors of civilian trauma. While the few existing epidemiological studies of refugees have reported rates of disorder comparable to the general population, suggesting that many survivors of human rights violations do not suffer from psychiatric disorders, there is ample evidence from non-epidemiological studies to suggest that significant numbers of survivors do indeed suffer psychiatric sequelae. The literature has identified a number of factors that may enhance or reduce the risk for psychiatric morbidity after exposure to human rights violations.

In sum, while psychiatric outcomes of PTSD, depression and anxiety symptoms are only some of the many possible psychological effects of human rights violations, they have been consistently reported across a range of types of exposure to human rights violations and across populations of survivors from different cultures. These psychiatric outcomes clearly constitute an important part of the potential impact of human rights violations, although it is likely that they are not the only, and perhaps not even the most significant, aspect of survivors' psychological responses to experiences of violation. In evaluating the extent to which the TRC has provided a space for psychological healing of survivors, it is therefore necessary for the current study to consider whether this healing included an impact on the common psychiatric sequelae associated with human rights abuses. The following section considers the ways in which giving TRC testimony may facilitate recovery from posttraumatic psychiatric sequelae.



### **3.2. Truth Commission Testimony as a Mechanism for Psychological Healing**

We have seen that experiences of human rights abuses are frequently associated with psychiatric sequelae. In a post-conflict society, how might giving truth commission testimony result in psychological healing for survivors of gross human rights violations? In this section, the theoretical and empirical literature regarding the mechanisms whereby trauma narratives result in psychological transformation will be reviewed. First, the general literature on trauma interventions is reviewed, and mechanisms of healing through narrative that have been identified in this literature are discussed. Thereafter, the review turns to the specific intervention of testimony therapy.

#### *3.2.1. Mechanisms of Healing Through Narrative*

The TRC's claims of healing through testimony assume that the process of telling the trauma story to a listener can ameliorate posttraumatic psychopathology. The notion that re-tellings of the trauma story can be a restorative process has a long history in psychology, but the exact mechanisms whereby trauma narratives may facilitate change are not always clearly explicated in the literature. In order to identify these mechanisms, a review of the theoretical and empirical literature on those psychotherapeutic interventions for trauma that centralise the role of the trauma narrative in the recovery process, was conducted on the Psychinfo and Medline databases. No cut-off date was established. The review indicated that five mechanisms have consistently been proposed whereby giving a trauma narrative or testimony may mitigate post-traumatic pathology such as PTSD, depression and anxiety: emotional catharsis, the development of a linguistic representation of trauma memories, habituating anxiety through exposure, empathic witnessing, and cognitive meaning making. These are discussed in turn below, and the ways in which each mechanism may have operated in the private and public TRC testimony settings are considered.

##### *3.2.1.1. Emotional Catharsis*

The notion of emotional catharsis has a long history in psychotherapy (Prochaska & Norcross, 1999). The cathartic method was first described by Sigmund Freud and his colleague Joseph Breuer (Breuer & Freud, 1895/1966), and refers to a process whereby a

patient physically and verbally expresses strong emotions while mentally re-living (usually under hypnosis) an early traumatic experience. This discharge or purging of strong affect was initially thought to result in a reduction of neurotic symptoms. However, Freud later questioned the effectiveness of the cathartic method (Freud, 1916-1917/1966), and subsequent research has indicated that cathartic emotional expression has little clinical value in the absence of cognitive processing (Lewis & Bucher, 1992). Thus, while the emotional catharsis that sometimes accompanies a trauma narrative may play a role in emotional recovery from trauma, there is general consensus that in isolation it is insufficient to facilitate recovery.

There can be little doubt that, for some, giving public testimony to the TRC was accompanied by intense emotional release. Indeed, TRC Chairperson Archbishop Tutu (1999) noted that the ongoing parade of tearful testimonies led some critics to disparage the melo-drama of the ‘Kleenex Commission’. In addition, the TRC’s final report (Truth and Reconciliation Commission, 1998, vol. 5) stated that the process of giving private testimony to a statement-taker was an “*intense process of reliving anguishing experiences*” (p. 5) and that “*many deponents clearly found this to be a catharsis*” (p. 5). However, while some people may have experienced emotional release during, or in the aftermath of, giving public or private testimony, there has been no systematic follow-up of their long-term psychological adjustment. It is therefore unclear whether experiencing powerful affect while giving TRC testimony is associated with any lasting improvement in psychological well-being.

### 3.2.1.2. *The Creation of Linguistic Representation*

There is a growing body of literature that conceptualises post-traumatic pathology as a failure of memory: specifically, as a disruption in the conversion of sensory experience to verbal or linguistic memory. Clinical accounts (Janet, 1889; 1893; 1909; 1919/25; Kardiner, 1941; Terr, 1993) have long noted the fragmented and non-linguistic quality of patients’ trauma memories, and more recent evidence has demonstrated that traumatic memories, unlike other emotionally charged memories, are retrieved as sensory fragments with no verbal component (van der Kolk & Fisler, 1995). The literature that attempts to explain this phenomenon draws on the early writings of Pierre Janet (1889; 1893; 1909; 1919/25), on the later work of his student Piaget (Piaget, 1962; Piaget & Inhelder, 1969), as well as on recent developments in neurobiological research. A full understanding of the inability of many trauma survivors to

integrate traumatic memories into verbal narratives must therefore encompass psychodynamic, cognitive and neurobiological elements.

Janet (cited in van der Kolk, 1996) suggested that the memory system plays a central role in organising all aspects of experience, by categorising and integrating it into existing and evolving meaning schemes. He noted that familiar and expectable experiences seem to be easily, indeed automatically, integrated into existing mental structures, while frightening or unexpected experiences, finding no 'home' in existing mental schemes, become dissociated; that is, they are split off from conscious awareness and 'forgotten'. Although unavailable for normal, voluntary memory retrieval, at times these 'forgotten' experiences are re-lived involuntarily as extremely vivid and immediate sensory fragments (for example, images or sounds), or else manifest themselves through behavioural re-enactments of the trauma (Janet cited in van der Kolk, 1996). Often, 'forgetting' and reliving will alternate, explaining the dialectic between the avoidance of traumatic memories and the intense sensory re-experiencing of them that characterises PTSD. Janet thus distinguished between a 'normal' narrative memory and a traumatic memory. In the latter, 'forgotten' experiences cannot be retrieved as a unified, organised memory that encompasses sensations, emotions, thoughts and actions; its fragmented nature precludes the development of a narrative account of the experience.

Freud (1920/1948), too, noted the way in which 'forgotten' experiences are expressed in repeated behavioural re-enactments, instead of being remembered "*as something belonging to the past*" (p. 18). However, there are two central differences in Janet and Freud's understandings of 'forgotten' trauma memories (van der Kolk & van der Hart, 1991). Firstly, for Janet, the absence of memories from which to form a narrative account of a traumatic experience is the result of the weakening, by overwhelming emotion, of one's mental capacity for integration; for Freud, the splitting off of traumatic memories from conscious awareness is a form of protective 'not knowing', an unconscious defence mechanism (utilising the mechanism of repression) against overwhelming anxiety. Secondly, unlike Janet, Freud came to believe that the traumatic experience was often based in Oedipal fantasy, rather than reality (Freud, 1925/1959; Gay, 1988).

Janet's student Piaget later developed Janet's notion of mental schemes further with the concept of the schema, a cognitive structure that provides a model of the world to guide

behaviour (Piaget & Inhelder, 1969). Schemas evolve through the dual processes of assimilation and accommodation, between which the organism alternates constantly in an attempt to achieve equilibrium. In the former, experiences that are familiar to the organism's working model of the world are categorised and incorporated into existing schemas, thereby strengthening them; in the latter, schemas are modified in order to account for novel experiences that cannot be categorised into existing schemas. Horowitz (1976) and Wigren (1994) have argued that traumatic experiences are too alien and too discrepant with previous experience to be either assimilated or accommodated. Piaget (1962) further noted that when an experience defies cognitive categorisation, its memory is organised on a more somatosensory level, rather than the semantic memory level (which organises long-term memory for the meaning of experiences); thus, schema-discrepant experiences may be cognitively incorporated at a more primitive non-linguistic level. Foa and colleagues (Foa & Riggs, 1993; Foa, Steketee & Rothbaum, 1989) have similarly characterised post-trauma pathology as a failure to adequately process trauma-related information, resulting in disorganised memory representations and an incoherent trauma narrative.

Developments in neurobiology have recently added another dimension to the understanding of the disruption in narrative processing that characterises traumatic memories. The amygdala, responsible for interpreting the emotional significance of incoming sensory information, and the hippocampus, responsible for organising and integrating this information with pre-existing information, form part of a larger neuroanatomical pathway for the processing of information, which also includes the thalamus and the pre-frontal cortex (van der Kolk, 1996). Van der Kolk (1996) suggests that, while moderately or highly emotionally charged experiences may facilitate the laying down of memories, extremely high levels of emotional arousal (i.e. extremely high levels of activation of the amygdala) *"may prevent the proper evaluation and categorisation of experience by interfering with hippocampal functioning"* (p. 295). Thus, extremely emotionally charged memories are not stored as a unified, integrated whole but rather as sensory fragments, devoid of the contextualisation in time and space that hippocampal integration would allow. A neuroimaging study has reported that when traumatic memories are provoked in patients with PTSD, there is a decrease in activity in Broca's area, an area of the brain that plays a central role in the processing of language, while those areas that govern intense emotions (e.g. the amygdala) and visual images (e.g. the right secondary visual cortex) demonstrate increased activity (Rauch et al., 1996). Additionally, several studies have demonstrated that the volume of the hippocampus is

decreased in patients with PTSD compared to non-PTSD matched controls (Bremner et al., 1995, 2003; Menon, Nasrallah, Lyons, Scott & Liberto, 2003). These findings suggest a neurobiological basis for the failure of traumatic memories to be linguistically or narratively organised.

Thus, the psychodynamic, cognitive and neurobiological frameworks all emphasise the need to develop a coherent linguistic account of the fragmented sensory memories of a traumatic experience in order to facilitate recovery from posttraumatic pathology, and particularly from PTSD. Developing a coherent trauma narrative, as one would be required to do in order to give testimony about a traumatic experience, may help to organise split-off sensory memories into narrative linguistic memories, thus reducing the intrusive and involuntary memories that characterize PTSD. Pennebaker and Seagal (1999) and Wigren (1994) have further suggested that the development of a linguistic trauma narrative is healing because such narratives connect emotion with cognition and thus organise, contain and manage powerful affects, facilitating a sense of predictability and control.

With regard to the development of a linguistic representation of traumatic memories within the TRC context, the opportunity for developing a verbal narrative of traumatic experiences of human rights abuses differed for deponents who gave only a private statement and those who went on to give public testimony. In particular, the form of the trauma narrative differed substantially in each case.

The private statement-taking process at first allowed the deponent to tell their story of violation in their own words – a process that often took over an hour – before narrating it a second time so that the statement-taker could write it down on the relatively open-ended official form, with some narratives reaching 15-20 pages in length (Wilson, 2001). Statement-takers were initially trained by psychologists in how to respond sensitively and empathically to survivor's statements (Truth and Reconciliation Commission, 1998, vol. 1). In this training, *"there was an emphasis on preserving the victim's narrative whilst being aware of their psychological needs. Statement-takers were collaborators in the intricate weaving of narrative, as well as counsellors to those traumatised by political violence"* (Wilson, 2001, p. 43).

However, once the early statements began to be analysed, it became clear to the commission

that this loose statement-taking protocol was inadequate for the production of legal findings, which required precise documentation and categorisation of human rights violations. Consequently, *“it became clear that there was a need to adjust and fine-tune the structure of the protocol in order to ensure that all necessary information was captured in a uniform manner”* (Truth and Reconciliation Commission, 1999, vol. 1, p. 139). The TRC ultimately decided to capture information from private victim statements on an electronic database known as Infocom, which required that *“standard operating procedures needed to be developed”* (Truth and Reconciliation Commission, 1998, vol. 1, p. 284). In practice, this meant that the statement-taking procedure had to become far more standardised and quantitative; lengthy narratives could simply not be neatly captured on the database.

A new statement protocol was therefore developed. This was a highly structured checklist, within which each discrete human rights violation that the deponent had experienced, as well as the identities of the perpetrators and witnesses, had to be recorded and categorised according to a particular coding language that often differed from the language of the deponent’s oral testimony (Wilson, 2001). In 1997, a new group of statement-takers was trained, this time not by psychologists; the training now emphasised the correct format and terminology required to complete the statement ‘protocol’ (Truth and Reconciliation Commission, 1998, vol. 1). Wilson (2001) has suggested that this group were trained to be *“efficient para-legal clerks”* (p. 43), collecting the *“cold facts”* (p. 44), rather than empathic counsellors and narrative collaborators. His interviews with these statement-takers revealed that deponent resistance to the new, highly standardised statement process was common: indeed, some deponents refused to sign the statements, claiming that important information was missing. This suggests that the bureaucratic nature of the new statement-taking format may have prevented survivors who gave private testimony from talking about, or elaborating, those aspects of their story that were most important to them. There was therefore little space for incorporating *“the personalised symbols upon which the structure of the narrative hinges, and emotional associations tend to pivot”* (Wilson, 2001, p. 51). The space created for deponents who gave a private statement to develop a linguistic narrative of their traumatic experiences, in which they could incorporate those affective and cognitive aspects of the experience that were most salient for them, therefore varied considerably over the period in which private statements were collected.

With regard to the public hearings, the deponent was typically invited by the commission to tell their story in their own words (Tutu, 1999; Wilson, 2001). Testimony therefore began with an open narrative, varying widely in length according to the level of detail that the deponent chose to incorporate. Although testifiers may have been primed regarding the content of the open narrative by their previous statement-giving experience (i.e. the kind of information that was emphasised there), there was nevertheless space for the testifier to tell their story in their own words, to determine the sequence of the narrative, and to include some comments and reflections in addition to relaying the factual details of the violation. Only after the open narrative were questions asked by the commissioners to clarify certain points or to elicit further information. Those deponents who went on to give public testimony after giving a private statement therefore had an additional opportunity to create a narrative of their traumatic experiences, in which they were free to integrate affective and cognitive responses to the trauma with the facts of the violation in their re-telling. The length of public testimonies varied widely; testimonies lasted from fifteen minutes to an hour and a half in the initial public hearings, but testimonies at later hearings seldom lasted longer than half an hour (Ross, 2003).

Opportunities for creating a linguistic representation of trauma memories therefore differed for private and public testifiers, both with regard to the number of re-tellings and the form of the linguistic narrative, while the length of testimony differed substantially across public testifiers.

#### *3.2.1.3. Habituating Anxiety Through Exposure*

Exposing the trauma survivor to traumatic memories, in a safe environment, has also been identified as a mechanism of recovery. Exposure therapy is a traditional component of cognitive-behavioural therapies for anxiety disorders (Wolpe, 1958). With regard to the treatment of trauma-related symptomatology such as PTSD, it involves exposing the trauma survivor to a) memories of the traumatic event (imaginal exposure) and, b) where safe and feasible, to traumatic reminders such as places or objects that remind the survivor of the trauma and therefore elicit anxiety (in vivo exposure).

Typically, exposure forms part of a systematic desensitisation process. This entails training the trauma survivor in relaxation techniques and cognitive coping strategies in order to help

them to manage their anxiety once traumatic memories are activated or traumatic reminders are approached. Thereafter, increasingly anxiety-provoking memories or reminders are approached in a graded fashion, over several sessions of therapy, until anxiety for that memory or reminder habituates; that is, the repeated exposure to a traumatic memory or reminder, together with the use of strategies for managing this anxiety, enables the survivor to become habituated to the feared stimuli so that it is no longer experienced as threatening (Rothbaum & Foa, 1996; Rothbaum, Meadows, Resick & Foy, 2000). In their work with rape survivors, Foa and colleagues have developed a method of exposure that is not paired with relaxation: in prolonged exposure, the trauma survivor undergoes continual exposure to traumatic memories for 60 minutes at a time, repeated over seven sessions. The client is required to create a verbal narrative of what is being remembered, with the therapist encouraging the client to verbalise their sensory, emotional and cognitive responses to the trauma, in addition to recounting the events. This repeated imaginal exposure is supplemented, outside the sessions, by in vivo exposure to traumatic reminders. Prolonged exposure has been demonstrated to significantly reduce PTSD symptoms in rape survivors in controlled trials (Foa, Rothbaum, Riggs & Murdock, 1991; Foa et al., 1999). While some significant improvements have also been reported for male Vietnam veterans who have received prolonged exposure, these effects have been less marked than those reported for female rape survivors (Foa & Rothbaum, 1998). This suggests that the healing potential of prolonged exposure to trauma narratives may be moderated by either gender or type of trauma exposure, or both.

While truth commission testimony is not a clinical encounter, in that it does not entail an ongoing relationship with a therapist, the mechanism of exposure to traumatic memories was nevertheless active in the testimony process. As noted earlier, some deponents who gave private statements gave two, often lengthy, re-tellings of their traumatic experiences, while deponents who went on to give public testimony gave an additional re-telling. Giving testimony to the TRC therefore entailed repeated exposure to traumatic memories. However, the goal of the private and public testimony processes was not specifically to elicit details of the deponent's sensory, emotional and cognitive responses to the trauma – those very aspects of traumatic memory that most defy integration and return unbidden in posttraumatic symptoms. Although in some cases the statement-taker or commissioners may have asked for such details, it seems likely that the need to collect evidence regarding the nature of the violations and the identity of the perpetrators may have taken precedence. Therefore, while



repeated exposure to traumatic memories was inherent in both private and public testimony, the guided integration of all aspects of the trauma memories, which is central to the exposure technique, may not have occurred.

#### 3.2.1.4. *Empathic Witnessing of Injustice*

It has been proposed that telling one's story to an empathic and acknowledging witness contributes to healing for survivors of trauma (Herman, 1992a; Langer, 1991; Laub, 1992, 1993; Shay, 1994). While providing an experience of empathic acknowledgement is a central tenet of most psychotherapy frameworks, it has particularly been emphasised in trauma therapy models. In the latter, the empathic but morally neutral stance of the therapist has been rejected in favour of a politically committed stance that openly and sympathetically acknowledges the moral injuries and injustices that the survivor has suffered (Herman, 1992a). Having another person both name and condemn the injustices that have occurred is an important part of the healing process for trauma survivors (Minow, 1998).

The presence of an empathic witness is essential to recovery from trauma because *"trauma disrupts the link between self and empathic other... the essential experience of trauma was an unravelling of the relationship between self and nurturing other"* (Laub, 1993, p. 287). An empathic witness can therefore help the survivor to re-establish trust in the benevolence of others. However, an empathic witness may also be vital to developing the survivor's sense of trust in the validity of their own experiences: *"the absence of an empathic listener... an other who can hear the anguish of one's memories and thus affirm and recognise their realness, annihilates the story"* (Laub, 1992, p. 68). This may be particularly true in the case of gross human rights violation such as torture, where the level of atrocity often defies belief by others and is, furthermore, officially denied by the state: *"One of the fundamental fears experienced by survivors of torture, both at the time of the trauma and even long thereafter, is that their stories will not be comprehended, or worse still, their testimony will not be believed"* (Silove, Tarn, Bowles & Reid, 1991, p. 484).

Shay (1994) likewise argues that trauma narratives can provide a mechanism for healing only if there is a trustworthy *"community of listeners"* (p. 188) to bear witness to the story. The survivor needs to be able to trust that the listener will be strong enough not to become overwhelmed by the story, will maintain an attitude of respect towards the survivor, and will

experience compassion and understanding for the survivor's painful feelings (Shay, 1994). However, Laub (1992), Shay (1994) and Langer (1991) stress that being a trustworthy witness to stories of extreme traumatising is no easy task: the listener must often struggle with their own defensive need to deny the story's reality or to blame the victim. "*The more painful, dramatic and overwhelming the narrative, the more tense, wary and self-protective is the audience, the quicker the instinct to withdraw*" (Langer, 1991, p. 20). Listeners or witnesses must suspend their disbelief and judgement, and communicate acceptance and understanding of the survivor's feelings, in order to provide the survivor with an experience of empathic acknowledgement.

Truth commissions, particularly if they are carried out as publicly as the TRC's victim hearings were, fulfil the function of acknowledging experiences of victims of human rights abuses that have long been denied by the state (Christie, 2000; Hayner, 1994). Empathic acknowledgement of injustice was a central goal of both the private and the public testimony process of the TRC. The TRC's final report states that private statements aimed to provide victims "*with an opportunity to speak about their suffering or that of their families to people who listened sympathetically and acknowledged their pain*" (Truth and Reconciliation Commission, 1998, vol. 1, p. 140). However, the increasing emphasis on information gathering and fact-finding in order to meet the requirements of the Infocom database resulted in "*an inevitable reduction in emphasis on the therapeutic and restorative aspects of statement-taking*" (Truth and Reconciliation Commission, 1998, vol. 1, p. 156). Even so, private testimony occurred in the context of a relationship between two people, in which one acted as witness to, and documenter of, the pain and injustice experienced by the other. Acknowledgement of injustice is inherent in this process of witnessing and documenting the abuse, although the degree to which such acknowledgement was conveyed empathically by the statement-taker may have varied.

By contrast, the public victim hearings were specifically designed to provide maximum acknowledgement of the testifier. Firstly, the physical space was prepared in such a way as to honour and acknowledge the importance of the event. This was manifested in the presence of national flags, TRC banners, boxes of tissues at the testifier's table, and the white tablecloths and flowers that decorated the commissioners' tables (Ross, 2003). Secondly, support was provided throughout: testifiers were briefed beforehand about the procedure, had a briefer sitting next to them as they gave testimony to provide solace and support, and were debriefed

afterwards with the aim of referral to appropriate service providers (Truth and Reconciliation Commission, 1998, vol. 1). While there is little published information on the exact nature of the pre-briefings and debriefings, and the extent to which these focused on emotional containment as opposed to practical issues, it is clear that a deliberate show of support was made at each stage of the public testimony process. Thirdly, ceremonial rituals were often performed during the course of the hearings, for example candle lighting, prayers and singing to honour the witnesses and deceased victims (Bozzoli, 1998; Truth and Reconciliation Commission, 1998, vol. 5; Wilson, 2001).

At public hearings, the commissioners took care to acknowledge the value and importance of each testifier's participation, both before and after the deponent narrated their testimony, and frequently responded to emotional displays with sympathetic remarks (Corry & Terre Blanche, 2000). Unlike a criminal trial, questioning by the commission did not take the adversarial form of cross-examination – the commissioners did not question the truth and validity of the deponent's story. The TRC deliberately chose not to cross-examine testifiers, in order to ensure that the process of giving testimony was as therapeutic, cathartic and untraumatic as possible (Boraine, 2000; Jeffery, 1999). Rather, questioning aimed to clarify what had occurred, elicit information about the perpetrator(s), and identify any special needs the deponent might have as a consequence of the violation(s). Finally, unlike the private statement-taking setting, the audience to the testimony at victim hearings was substantial. It included the commissioners, family members and friends of the deponent, spectators from the public who were present at the hearing and, with the obvious presence of television cameras, the South African public as a whole.

Through all these processes, public testimony may therefore have created for deponents a sense of *official* empathic acknowledgement that the private statement-taking setting was unable to provide.

#### 3.2.1.5. Cognitive Meaning Making

Both the psychodynamic and the cognitive models of trauma therapy assume that emotional expression, recounting a linguistic narrative of the trauma, repeated exposure to traumatic material, and experiencing empathic acknowledgement from the therapist, are not in themselves sufficient to produce lasting change in trauma-related psychopathology. Rather,

the therapist must supplement these processes by facilitating the development of a cognitively meaningful account of the trauma. This entails a collaborative reconstruction of the trauma story that introduces into the trauma narrative cognitive understandings that have previously been lacking.

Gergen and Gergen (1988) and Wigren (1994) have argued that the establishment of causal linkages between events is a central component of any well-formed narrative. However, Bruner (1990) suggests that causal accounts are particularly important for making sense of extra-ordinary events: *“stories achieve their meanings by explicating deviations from the ordinary in a comprehensible form”* (p. 47). He proposes that, while our narrative descriptions of ordinary, everyday experiences often tend not to include explanatory accounts (for such experiences, fitting as they do with our existing cultural beliefs and expectations, are simply taken for granted), narratives about exceptions to the ordinary need to contain reasons, to answer the question ‘*why?*’. Thus, in response to extraordinary experiences, we develop not just descriptive but also explanatory stories, in an attempt to formulate a meaningful and comprehensible account.

Following a traumatic event, survivors are challenged to develop an explanatory model of themselves, others and the world that can account for the trauma; failure to do so means that the trauma cannot be integrated into their cognitive map of the world. Janoff-Bulman (1985), building on the earlier work of Lerner (1980), has identified several core beliefs or assumptions that people hold regarding themselves, others and the world, that are shattered by a traumatic experience. These include the assumption of invulnerability (“It can’t happen to me”), the assumption that one is a good and worthy person, and a belief in the world as being governed by just and orderly social laws (for example, “if I am cautious, I can avoid misfortune”, or “if I am good, nothing bad will happen to me”). Trauma, and in particular interpersonal violence, results in a profound questioning of these assumptions. Survivors must answer not just the question “why?” but also the question “why me?” (Herman, 1992a). Because the trauma violates fundamental theories of the world, a meaningful causal explanation is difficult to generate. Often trauma survivors must substantially modify their core beliefs about themselves in order to accommodate an explanatory account: *“The survivor must examine the moral questions of guilt and responsibility and reconstruct a system of belief that makes sense of her (sic) undeserved suffering”* (Herman, 1992a, p. 178). Thus, post-trauma, survivors may come to believe that they are vulnerable and powerless, or bad

and unworthy, and that the world is a random and unpredictable one in which they have no control over what happens to them (Janoff-Bulman, 1985). In this way, assumptions are reworked so that the trauma becomes more explicable (“It happened because I am weak, because I deserved it, or because the world is a chaotic place”). However, these new assumptions of vulnerability, unworthiness and lack of control are not adaptive. One of the aims of cognitive-behaviour therapy is to develop alternate explanatory accounts that are more realistic; for example, the therapist may challenge beliefs of self-blame that a rape survivor has developed, and help the survivor to gradually incorporate more adaptive beliefs into her trauma narrative (Foa & Rothbaum, 1998).

In the psychodynamic framework, an explanatory narrative is developed through exploring the unconscious processes that influence behaviour, thus helping the client to fill out the ‘plot’ of his or her story (Crossley, 2000). For example, the psychodynamic therapist may interpret a client’s repeated involvement in violently abusive relationships, or a client’s depressive response to a recent traumatic event, as being expressions of unconscious wishes or anxieties rooted in early experience (Lindy, 1996). This provides an explanation that enables the client to causally link earlier events with current experiences, to “*fill the gap between two apparently unrelated events, and in the process, make sense out of nonsense*” (Spence, cited in Crossley, 2000, p. 58).

Bruner (1990) further suggests that the survivor’s search for causal explanations will often centre on the intentional state of the protagonist of the deviation (for example, the perpetrator of a violent crime): “*the function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern*” (p. 50). In a study of meaning making among survivors of incest, Silver, Boon and Stones (1983) found that many participants attempted to make sense of their experience by understanding the parental dynamics that had caused the abuse to occur (e.g. marital estrangement, or their fathers’ characterological defects), and that those who had developed such explanatory accounts demonstrated less psychological distress and better social adjustment than those who did not. Similarly, a study of 65 survivors of gross human rights violations in South Africa (Magwaza, 1999) found “*a strong yearning for contact with the people who had caused their suffering*” (p. 627), in order to better understand the behaviour of the perpetrators.

The development of a meaningful explanatory account of a trauma may thus entail an exploration of unconscious links between past experiences and current behaviour, a reworking of cognitive assumptions about oneself, others and the world, as well as a consideration of the motivations of the perpetrator. These processes allow trauma survivors to develop a comprehensible story or narrative of their experience in which events, and their responses to events, make sense; in which the seemingly chaotic and random nature of a severe trauma can be re-interpreted as understandable and predictable.

At the private and public hearings of the TRC, the process of developing a narrative testimony of their experiences of violation may have provided deponents with an opportunity to formulate an explanatory account of the violation for the first time. The mere act of constructing a sequential story about the violation may have allowed for the development of cause and effect explanations. In addition, since one of the aims of taking statements was to determine whether violations were politically motivated, the TRC statement-takers at private hearings, and the commissioners at public hearings, often asked deponents to speculate about the motivation for the violation.

Cognitive meaning making after trauma may also involve a consideration of the trauma as an impetus for growth. Although expositions on the struggle to find value in suffering have historically been the domain of philosophy and theology, in more recent times this concept has been explored in the psychological literature on trauma. Beyond transforming a traumatic experience into one that is causally comprehensible, the trauma literature also recognises that many survivors are able to find value and purpose in their trauma experience, to use the trauma as an opportunity to re-evaluate their lives in a more positive way. Linley (2003) and Valent (1998, 1999) have noted that positive transformation after trauma represents not simply a return to normal or baseline functioning, but rather achieving a higher level of functioning and fulfilment than existed before the trauma.

Viktor Frankl's (1964) account of his concentration camp experiences, and his theory of logotherapy (from the Greek word for both *meaning* and *spirit*) is perhaps the earliest psychological text that specifically places the question of finding value in deeply traumatic experiences at the centre of the therapeutic endeavour. Since then, several studies have documented positive changes in perceptions of the self (such as an enhanced sense of personal strength and competence, and greater respect for one's vulnerabilities),

improvements in relationships with others (including a greater facility for emotional expressiveness and self-disclosure that enhances interpersonal intimacy, increased compassion and empathy for others, and involvement in altruistic social causes that provide a sense of value and purpose), and a changed philosophy of life (including a greater appreciation of oneself and others, a re-ordering of priorities, and the development of spiritual beliefs) among survivors of both difficult emotional experiences and of traumatic victimisation (see Tedeschi & Calhoun, 1995, for a comprehensive review of this literature).

A severe trauma throws into stark contrast previously unrecognised or unappreciated aspects of the survivor's daily life, allowing these to be 'seen' for the first time (Janoff-Bulman & McPherson Franz, 1997). Furthermore, since the trauma often does not seem to fit into the existing themes of the survivor's life narrative, these themes need to be re-examined, or re-storied (Tedeschi & Calhoun, 1995). A traumatic event can therefore be conceptualised as a turning point, watershed, crossroads or choice-point in the survivor's life narrative (Harvey, Mishler, Koenen & Harney, 2000; Janoff-Bulman & McPherson Franz, 1997; Tedeschi & Calhoun, 1995), in which previous values, priorities and ways of being are reconsidered, and a change in the 'plot' of the life narrative towards a more purposeful and significant one, becomes possible. In this way, the trauma can be 'honoured' as an opportunity for growth (Lantz & Lantz, 2001).

Wilson (2001), who observed many TRC public victim hearings, has noted that the commissioners frequently reframed the deponent's experience of violation as a heroic sacrifice in the struggle against apartheid. It is possible that having an experience of victimization re-cast as evidence of personal heroism, in front of an audience and the media, may have created a sense of purpose and meaning for deponents, enabling them to view themselves and their lives in a more positive way. It is unclear whether deponents who gave only private testimony received a similar cognitive reframing from statement-takers.

Trauma narratives may, therefore, facilitate psychological healing through the creation of cognitive meaning. This may encompass both the development of a meaningful explanatory account of the traumatic event, as well as the development of a transformative meaning that emphasizes the value of the traumatic experience.

### *3.2.2. Testimony Therapy and Mechanisms of Healing*

Throughout the literature on narrative as a healing mechanism in trauma recovery, studies of survivors of state-perpetrated human rights abuses are notably absent. By contrast, studies of the effects of testimony therapy have specifically focused on the use of the trauma narrative as a therapeutic tool with survivors of state-perpetrated human rights abuses. The clinical procedure of testimony therapy was developed by mental health professionals working with survivors of state-perpetrated violence, particularly torture, in Chile during the 1970s (Agger & Jensen, 1990; Cienfuegos & Monelli, 1983). Testimony therapy occurs within the context of a therapeutic relationship, over a number of sessions (an initial two sessions devoted to history-taking and establishing a relationship, followed by several sessions during which the survivor's testimony about their abuse is documented). With the therapist serving as empathic listener, and occasionally asking questions to clarify or to elicit more detail, the survivor narrates a detailed description of their experience of abuse. This testimony is tape-recorded, and later transcribed into written form. The final document was often used by the underground movement in Chile as evidence of the regime's crimes against humanity.

There are very few empirical studies of the effectiveness of testimony therapy. In the first published study, Cienfuegos and Monelli (1983) reported on the use of the method with 39 Chilean patients presenting to a mental health program for victims of political persecution, during a time when the country was still experiencing severe political repression under the Pinochet regime. The sample included participants who had been tortured, had survived execution attempts, or had been exiled, as well as family members of prisoners who had disappeared or had been tortured. This uncontrolled study did not include precise clinical diagnoses, but did find a high rate of anxiety and fear, depressive symptoms, and psychosomatic complaints on initial assessment of the sample. After a testimony therapy intervention lasting several sessions, the study found that 80% of patients who had experienced torture reported an alleviation of anxiety and other acute symptoms. Testimony therapy appeared to be less effective for addressing the needs of patients whose family members were killed; while there was a marked alleviation of symptoms, unresolved grief remained. Finally, testimony therapy was not found to be effective for the relatives of those who had 'disappeared' and whose fate remained unknown.



Several years later, Agger and Jensen (1990) described case studies of two refugees presenting to mental health services in Denmark. Both had been severely tortured, and both reported a reduction in most of their psychiatric symptoms (including anxiety, fear, nightmares, depressive symptoms, and cognitive difficulties) after a testimony therapy intervention that lasted twelve sessions in the one case and thirty sessions in the other. A later uncontrolled study of 20 Bosnian refugees residing in the United States who had survived genocidal trauma in their home country found a significant decrease in PTSD rates and PTSD severity, and in depressive symptoms, after testimony therapy lasting an average of six sessions (Wiene, Kulenovic, Pavkovic & Gibbons, 1998). More recently, a controlled study of survivors of the Mozambican civil war found a significant reduction in PTSD symptoms at post-intervention assessment among both the group that received one session of testimony therapy (n=66) and the control group that received no intervention (n=71) (Igreja, Kleijn, Schreuder, van Dijk & Verschuur, 2004). However, there was no significant difference in PTSD levels between the two groups at post-intervention assessment, suggesting that psychiatric improvement could not be attributed to testimony therapy.

The literature on testimony therapy tends to refer only briefly and speculatively to the mechanisms whereby the method may reduce psychiatric symptomatology; these mechanisms have not yet been theoretically elaborated or empirically explored in the testimony therapy context. Proponents of testimony therapy have suggested that the method is successful in reducing psychiatric symptoms in part because it facilitates emotional catharsis, through the reliving of powerful affects associated with experiences of torture, in the context of a safe therapeutic relationship (Agger & Jensen, 1990, 1996; Cienfuegos & Monelli, 1983). In line with theories of posttraumatic recovery through the development of linguistic representation of trauma memories, Cienfuegos and Monelli (1983) further suggest that testimony therapy reduces psychiatric symptoms by “*integrating fragmented experience*” (p. 50). In their study of testimony therapy with Bosnian refugees, Weine et al. (1998) similarly argue that “*testimony therapy is integrative. It provides an opportunity for the survivor to assimilate dissociated fragments of traumatic memory and to associate affective and cognitive aspects of the experience*” (p. 1724). The presence of a safe and trusting relationship between the trauma survivor and an empathic witness or listener has also been hypothesised to contribute to the effectiveness of testimony therapy (Weine et al., 1998). Herman (1992a) has noted that testimony therapy, like exposure therapy, entails an intense

re-living of the trauma experience; the mechanism of habituating anxiety through repeated exposure may therefore also be active in testimony therapy.

The process of cognitive meaning making has also been recognised as central to the effectiveness of the testimony therapy method. In particular, the use of testimony to create a historical and public record of atrocities that have long been denied by the state, thereby recasting survivors' experiences as examples of collective oppression rather than of individual psychopathology, has been identified as an important source of meaning making for survivors of state-sponsored violence. Agger and Jensen (1990) note that the process of bearing testimony is "*a way of giving meaning to..., and of reframing..., individualized pain: the private pain is transformed into political or spiritual dignity*" (p. 116). Similarly, Cienfuegos and Monelli (1983) suggest that testimony therapy ameliorates psychiatric symptoms because it involves survivors in a "*socially constructive action – production of a document that could be used as an indictment against offenders*" (p. 50). Through this process, the survivor may develop a sense that their suffering has a purpose, and that they are connected to a broader community or collective.

In sum, outcome studies of testimony therapy remain sparse. Uncontrolled studies have indicated significant improvement in PTSD, depression, anxiety and other symptoms after testimony therapy. It has been hypothesised that the mechanisms of recovery inherent in the testimony therapy process are similar to those that have been identified in the literature on trauma narratives: emotional catharsis, linguistic representation of fragmented trauma memories, habituation of anxiety through exposure to traumatic memories, the presence of a safe and trusting relationship with an empathic listener, and cognitive meaning making. However, the only controlled study to be conducted was not able to establish a clear link between testimony therapy and the amelioration of PTSD. Although the testimony therapy method shows promise as an intervention for survivors of human rights abuses, its effectiveness has yet to be firmly established.

### 3.3. Chapter Summary

In this chapter, a critical review of the literature on the psychological effects of human rights violations has indicated that these effects may be much broader than can be encompassed by narrow psychiatric categories. However, based on the most *commonly* reported findings in the

existing literature, for the purposes of the current study ‘psychological healing’ for survivors of human rights abuses will be defined as the absence of psychiatric disorders such as PTSD, depression and anxiety.

The chapter also found that the general literature on healing through trauma narrative, as well as the literature on testimony therapy, appears to offer some theoretical and empirical support for the TRC’s claims that testimony may facilitate post-trauma recovery for survivors of human rights violations. While TRC testimony is clearly not equivalent to a sustained therapeutic process between therapist and client, the TRC testimony process did draw to some extent on each of the five mechanisms whereby trauma narratives have been identified to facilitate posttrauma healing. However, the degree to which each of the five mechanisms was active in the public testimony versus the private testimony process may have differed. Furthermore, there is some evidence in the literature that methods such as prolonged exposure and testimony therapy are more effective for some trauma survivors than for others; similarly, TRC testimony may have a differential impact on psychological healing depending on the type of violation experienced, and on other factors such as the gender of deponents. An investigation of the impact of TRC testimony on the psychological healing of survivors of human rights violations should therefore consider the role of the type of testimony, as well as the demographic and violation ‘profile’ of the deponents.

This chapter has explored how the TRC’s claimed outcome of ‘psychological healing’ can best be defined, and how the process of giving testimony may have contributed to this outcome. The next chapter reviews the literature on the other claimed outcome of the TRC process, forgiveness attitudes.

## CHAPTER 4

### TRC TESTIMONY AS A SITE OF FORGIVENESS

*“We have been exhilarated by the magnanimity of those who should by rights be consumed by bitterness and a lust for revenge; who instead have time after time shown an astonishing willingness to forgive.”*

Archbishop Desmond Tutu (Truth and Reconciliation Commission, 1998, vol. 1, p. 18)

*“Always forgive your enemies; nothing annoys them so much.”*

Oscar Wilde, 1854-1900

Although it has long been the subject of theological discourse, the study of forgiveness within psychology is still in its infancy. In particular, the systematic empirical study of forgiveness, as opposed to theoretical writings and anecdotal case accounts, is a very recent development. Prior to the early 1990s, there was little published empirical research on forgiveness (Hebl & Enright, 1993; Mauger et al., 1992). However, recent reviews of the forgiveness literature (McCullough, Pargament & Thoresen, 2000; McCullough & vanOyen Witvliet, 2002) have noted that empirical data on forgiveness has increasingly emerged within the discipline of psychology in the past decade, as evidenced by the emergence during this time of empirical journal articles, conference papers and books on forgiveness.

Forgiveness is a complex concept that has been defined, assessed and modelled in many different ways in both the theological and the psychological literature. It is therefore perhaps not surprising that the TRC, other than providing several very different case examples to illustrate the development of forgiveness at the TRC, has failed to clearly explicate what ‘forgiveness’ among survivors of human rights abuses actually means. The first aim of this chapter is to develop a conceptual definition of forgiveness that can be used in the current study to evaluate the relationship between giving TRC testimony and forgiveness. The chapter therefore begins with a review of definitions of forgiveness within the psychological literature, and of the development of attempts to assess this construct. Thereafter, the paucity

of studies of forgiveness with survivors of human rights abuses is highlighted, and the relevance of forgiveness as a mental health issue in the context of gross human rights violations is discussed. The second aim of the chapter is to consider, in light of existing theories of forgiveness, the role that testimony might play in the forgiveness process. Theoretical models on the process of forgiveness, and literature regarding the conditions that facilitate forgiveness, are reviewed. The discussion then considers the extent to which giving testimony about experiences of injury or wrongdoing to another person, or group of people, has previously been identified as part of the forgiveness process.

The literature review in this chapter is based on a search of the Psychinfo and Medline databases for theoretical and empirical publications on forgiveness. Although forgiveness has traditionally fallen within the discipline of theology, databases specializing in theology were not consulted for the purposes of this review, since the current study is concerned with forgiveness primarily as a mental health issue, rather than as primarily a spiritual one, although the spiritual and the mental health dimensions of forgiveness are certainly inter-related. Indeed, the search of the Psychinfo and Medline databases found that the source of a majority of articles on forgiveness are published in journals which focus on both psychology and religion, or religion alone, suggesting that the study of forgiveness still maintains strong theological roots. However, the growth in empirical studies of the psychological correlates of forgiveness in recent years indicates that forgiveness is slowly becoming a focus in mainstream psychology. Given the paucity of psychological writings on forgiveness, no cut-off date for the review was established.

#### **4.1. Defining and Measuring Forgiveness**

This section reviews developments in the way in which the construct of forgiveness has been defined and operationalised, and reviews attempts by researchers to translate these operational definitions into measures that can meaningfully assess forgiveness.

##### *4.1.1. Definitions of Forgiveness*

The earliest written elucidations on forgiveness are probably to be found in the Old Testament, where the terms that refer to forgiveness (*nasa*, *calach* and *kaphar*) connote divine forgiveness by God through the covering, concealing, cleansing or cancelling of sin

(Enright & the Human Development Study Group, 1991; Pingleton, 1997). However, the Old Testament further proposes that forgiveness should also be offered interpersonally; that is, human beings should imitate divine forgiveness (McCullough & Worthington, 1999; Newman, 1987; Shapiro, 1978). Through forgiveness, a relationship of reciprocal love between the offender and the forgiver, as well as the wider community, is restored (Enright et al., 1991). However, genuine repentance by the sinner is a necessary pre-condition for both divine forgiveness and interpersonal forgiveness (Landman, 1941; Newman, 1987). In the New Testament, references to forgiveness are derived from the Greek words *aphiemi*, *apoluo*, *charizomai* and *agape*. Here forgiveness means to send away, to let go, to remit divine punishment, and to pardon, but also to restore harmony between sinner and God as well as God's unconditional love for the sinner (Nygren, 1932; Strong, 1984; Vine, 1985). Unlike the Old Testament, here interpersonal forgiveness should be unconditional rather than dependent upon the repentance of the offender (Enright et al., 1991; Lewis, 1980).

Within the secular social science literature, there is little consensus about how best to define the concept of forgiveness. Indeed, a review of the literature suggests that there are as many definitions of forgiveness as there are people writing about it. However, there is general agreement that forgiveness is one possible response to a deep, long-lasting injury or wrongdoing by another person (Enright, Santos & Al-Mabuk, 1989; Pingleton, 1989; Subkoviak et al., 1995), and that it entails a shift from a negative to a more positive response towards an offender (McCullough, Pargament & Thoresen, 2000). It is also accepted that the process of forgiveness involves a voluntary choice or decision by the injured person to forgo anger, revenge or justice in response to the injurious act. Forgiveness is thus an active choice, rather than a passive remission of angry or vengeful feelings over time (Enright et al., 1991; Enright, Freedman & Rique, 1998; Hope, 1987; North, 1998; Pingleton, 1989). Forgiveness is frequently likened to the cancellation of a debt; it is acknowledged that the offender owes the forgiver a debt, but the forgiver nevertheless releases the offender from this debt (Enright & Fitzgibbons, 2000; Lauritzen, 1987; Newman, 1987).

Given the TRC's emphasis on both personal forgiveness and national reconciliation, it is interesting to note that there is significant contention in the theoretical literature regarding the relationship between forgiveness and reconciliation. Several authors view reconciliation or restoration of the relationship as an inherent part of the forgiveness process, usually the final stage (Lauritzen, 1987; Pattison, 1965; Veenstra, 1992). These perspectives reflect the

traditional view of Judeo-Christian theology that reconciliation is the primary reason for, and goal of, forgiveness (Fow, 1996). Villa-Vincencio (2000a), by contrast, suggests that reconciliation is in fact a necessary pre-requisite for forgiveness: forgiveness is the final stage of a process of cooperation and reconciliation, not the beginning of such a process. These conceptualisations suggest that forgiveness and reconciliation, while closely related, should not be conflated with each other.

Operational definitions of forgiveness, a pre-requisite for the empirical study of the concept, are rare. Pingleton (1997) defines forgiveness as “*giving up one’s right to hurt back*” (p. 404), which focuses on relinquishing the right to *behavioural* retaliation after an injury. Hargrave (1994) defines forgiveness as releasing (i.e. letting go of) *feelings* of resentment towards an offender. Enright and colleagues (1991) expand on this definition by including *cognitive* judgements about the offender, together with behavioural and affective components, in their conceptualisation of forgiveness. They thus define forgiveness operationally as the absence of negative affect, (cognitive) judgement and behaviour towards the offender and the presence of positive affect, judgement and behaviour towards him or her, in the face of a deep, unfair hurt. Following North (1987), Enright and Fitzgibbons (2002) further define the positive affect, cognitions and behaviours that characterize forgiveness as entailing a response to the offender that is “*based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right*” (p. 29). For Enright and Fitzgibbons (2002), the concept of beneficence refers to the principle of offering aid, charity and hospitality to others without wanting to receive anything in return, compassion entails the capacity to empathise with the vulnerability of the injurer, unconditional worth entails a recognition that the injurer is a valuable and worthy person despite what they have done, generosity involves giving the offender more than they may seem to deserve given their offence, and moral love refers to investing in the offender’s well-being through an attitude of concern, respect and affection. Enright and Fitzgibbon (2002) note that this conceptualisation of forgiveness entails two paradoxical processes: giving up that which one has a right to (e.g. resentment, anger etc.), and giving to another that which is not necessarily deserved (e.g. compassion, generosity and moral love).

Following on from Batson and colleagues’ (Batson, 1990, 1991; Batson & Olsen, 1991; Batson et al., 1995) theoretical work on empathy and altruism, as well as Rusbult and

colleagues' (Rusbult, Verette, Whitney & Lipkus, 1991) conceptualisation of accommodation in close relationships, McCullough and colleagues (McCullough et al., 1998; McCullough, Worthington and Rachal, 1997) have defined forgiveness as a specifically *motivational* transformation occurring in close relationships. Through this transformation, people become less motivated to retaliate against the offending person and to maintain estrangement from the offender, and more motivated to initiate constructive responses towards him or her. While a useful framework for conceptualising forgiveness between parties already involved in a close relationship, it has less relevance for contexts where victim and offender have no relationship prior to or after the offence, as is usually the case in gross human rights violations.

The array of measures that are available for assessing forgiveness illustrate the many conceptual differences in definitions of forgiveness across researchers. These measures will now be reviewed and evaluated.

#### 4.1.2. *Measuring Forgiveness*

There are currently three types of forgiveness measures available (McCullough, Hoyt & Rachal, 2000). *Offence-specific measures* assess the respondent's forgiveness attitude in relation to a specific incident of injury or offence by a particular offender. *Dyadic measures* have emerged from the field of couple and family therapy, and assess the respondent's tendency to forgive a particular relational partner for all interpersonal offences occurring in the relationship. These measures are therefore only relevant when there is an ongoing relationship between the victim of the offence and the person who committed the offence. Finally, *dispositional measures* assess the respondent's general predisposition or tendency to forgive others across individual offences and individual relationships. Available measures of forgiveness that are offence-specific, dyadic and relational will be reviewed in turn.

There are three offence-specific forgiveness measures whose psychometric properties have been well established: the Enright Forgiveness Inventory (EFI; Enright, Rique & Coyle, 2000), the Wade Forgiveness Scale (Wade, 1989; Wade Brown, 2001) and the Transgression-Related Interpersonal Motivations (TRIM) Inventory (McCullough et al., 1998). While the EFI and the Wade Forgiveness Scale are conceptually similar (although with important conceptual differences as well), the TRIM is based on a different conceptualisation of forgiveness.



The EFI is based on the operational definition of forgiveness developed by Enright and his colleagues, discussed in Section 4.1.1. above; that is, the absence of negative feelings, cognitions and behaviours *and* the presence of positive feelings, cognitions and behaviours. It is a 60-item self-report measure and contains three subscales of 20 items each (Enright et al., 2000). The Affect subscale contains 10 items that assess positive affects towards the offender (e.g. goodwill, tenderness), and 10 items that assess negative affects (e.g. repulsion, resentment). The Cognition subscale contains 10 items that assess positive cognitions towards the offender (e.g. s/he is a nice person) and 10 items that assess negative cognitions (e.g. s/he is a bad person). The Behaviour subscale contains 10 items that assess positive behaviours that the respondent would display towards the offender (e.g. show friendship, be considerate) and 10 negative behaviours (e.g. avoid, ignore). None of the items or instructions include the word 'forgiveness'; rather, respondents are asked to describe their current thoughts, feelings and behaviours regarding a person who has hurt them deeply and unfairly. The response format for each item is a 6-point Likert scale ranging from Strongly Disagree to Strongly Agree. The EFI also contains a 5-item validity scale, to assess for pseudo-forgiveness (i.e. excusing, condoning or pardoning the offender rather than forgiving them). Participants who score 20 or above on this sub-scale should be eliminated from the data analysis (Enright et al., 2000).

Internal consistency above .90 (Coyle & Enright, 1997; Subkoviak et al., 1995) and test-retest reliability of .86 (Subkoviak et al., 1995) have been reported for the EFI in United States samples. In addition, internal reliability of above .97 has been reported across a variety of cultures including Austria, Brazil, Israel, Korea and Taiwan (see Enright & Fitzgibbons, 2000). Construct validity is established using an independent single-item Likert response question ("To what degree have you forgiven the person whom you identified on the attitude scale?"). Correlations between the total EFI score and the score on this item are between .60 and .74 for United States samples and between .68 and .78 for samples in other cultures (see Enright & Fitzgibbons, 2000). Given that the maximum value of a correlation with a one-item scale is restricted to about .70, these correlations suggest that the EFI unambiguously measures forgiveness rather than another construct (Enright & Fitzgibbons, 2000).

The Wade Forgiveness Inventory (Wade, 1989; Wade Brown, 2001) is an 81-item self-report offence-specific forgiveness measure that, like the EFI, assesses affect, cognition and

behaviours towards a particular offender, and uses a Likert scale response format. While the scale appears to successfully discriminate between people who report having forgiven an offender and those who report not having forgiven an offender (Wade, 1989), and appears to correlate well with the EFI (Sarinopoulos, 1996, cited in Enright and Fitzgibbons, 2000), it has some limitations when compared with the EFI. Firstly, it does not include a measure of pseudo-forgiveness, and thus does not have the capacity to discriminate between attitudes of excusing or condoning and authentic attitudes of forgiveness. Secondly, unlike the EFI, forgiveness is mentioned in the instructions for the Wade Forgiveness Inventory: respondents are asked to think about a person they have already forgiven, or, in another version of the scale, a person they have not forgiven. This wording may increase the likelihood that respondents will report what they perceive to be socially desirable (i.e. very forgiving) responses. The Wade Forgiveness Inventory has only been utilised in one published study of forgiveness to date (McCullough & Worthington, 1995).

The TRIM is a 12-item scale that is based on some of the items in Wade's Forgiveness Inventory (McCullough et al., 1998). However, rather than assessing positive and negative affects, cognitions and behaviours towards the offender in the same way as the EFI and the Wade Forgiveness Scale, the TRIM is designed to assess two negative motivational elements that McCullough and colleagues (1997) include in their definition of forgiveness: the motivation to seek revenge against the offender and the motivation to avoid or remain estranged from the offender (see Section 4.1.1. above). The two TRIM subscales that assess these two motivational dimensions are highly correlated with several constructs that are central to McCullough and colleagues (1997, 1998) conceptualisation of forgiveness, including empathy and relational satisfaction and commitment, and together predict about 50% of the variance in a single-item measure of forgiveness as well as the re-establishment of relational closeness after an interpersonal offence (McCullough, Hoyt & Rachal, 2000). Although the TRIM appears to have good construct validity, its validity has not yet been established outside of the United States.

As noted earlier, while offence-specific forgiveness scales focus on a particular offence, dyadic forgiveness scales focus on a particular relationship. There currently appears to be only one dyadic measure of forgiveness. The 44-item Interpersonal Relationship Resolution Scale (IRRS; Hargrave and Sells, 1997) is designed to assess both the emotional effects of an interpersonal offence and the process of forgiving and reconciling. The conceptualisation of

forgiveness underlying this scale focuses on the release of blame towards the offending relational partner and the restoration of love and trustworthiness (Hargrave and Sells, 1997). Enright and Fitzgibbons (2000) have noted that *“this definition places the work in a fairly specific context, that of ongoing relationships, primarily within the family, in which reconciliation is desired”* (p. 315), and therefore is not relevant to interpersonal offences between parties who have no ongoing relationship (as is typically the case in criminal offences or politically-motivated human rights violations). The IRRS contains four subscales that assess the degree to which the victim has exonerated the offender through the development of insight and understanding, and the degree to which the victim has forgiven the offender by providing opportunities for the offender to make compensation and through overt acts of forgiveness by the victim. While the IRRS has good internal consistency, its construct validity is not well established with regard to how well the scale correlates with other established forgiveness scales (Enright and Fitzgibbons, 2000). With its emphasis on the interaction between the victim and the offender, rather than on internal processes within the victim, the IRRS’s conceptualisation of forgiveness is similar to the concept of reconciliation (Enright and Fitzgibbons, 2000), and very different from the conceptualisations of forgiveness contained in the EFI, the Wade Forgiveness Scale and the TRIM. Furthermore, the validity and reliability of the IRRS in contexts outside the United States has not been established.

The final category of forgiveness instruments is dispositional measures, which assess a general response style across offences and across relationships. There are several measures, such as the Dissipation-Rumination Scale (Caprara, 1986), the Vengeance Scale (Stuckless & Goranson, 1992) and the Forgiveness of Others Scale (FOS; Mauger et al., 1992) that assess the dispositional tendency towards desiring and enacting revenge after being offended. However, as Enright and Fitzgibbons (2000) have noted, measures of the tendency towards revenge are not conceptually equivalent to measures of forgiveness; forgiveness is only one reason why one might reject the idea of revenge. In a different approach to assessing dispositional forgiveness, Hebl and Enright (1993) developed the Willingness to Forgive Scale, a 16-item scale that asks respondents to imagine a series of scenarios involving interpersonal offences and to choose from ten possible hypothetical responses (including to forgive the offender) for each scenario. The scale appears to have adequate internal consistency reliability. A similar but briefer scenario-based scale, the Transgression Narrative Test of Forgivingness (TNTF), also appears to have good reliability and its validity has been

established (Berry, Worthington, Parrott, O'Connor & Wade, 2001). More recently, Brown (2003) reported on the psychometric properties of the Tendency to Forgive Scale, and provided evidence for the construct validity of this scale.

The only dispositional measure of forgiveness to have been administered to samples in developing countries is a 'forgivingness' questionnaire developed by Mullet, Houdbine, Laumonier and Girard (1998) with a French sample and administered to samples of adults in the Democratic Republic of Congo (Kadiangandu, Mullet and Vinsonneau, 2001) and in Lebanon (Azar and Mullet, 2002). For French and Congolese samples, the questionnaire appears to contain two factors: a revenge versus forgivingness factor that reflects a general tendency to forgive regardless of the circumstances, and a factor reflecting the influence of a number of personal and social circumstances (good mood, apology from the offender, invitation to forgive by close relations, and cancellation of harm) on forgiveness attitudes. For the Lebanese sample, a third factor was identified, reflecting obstacles to forgiveness (such as severity of consequences of the offence and clear malevolence on the part of the offender). However, the reliability and validity of this questionnaire have yet to be established.

A number of measures therefore exist that enable the concept of forgiveness to be measured, although the conceptualisation of forgiveness underlying these measures differs widely. While the psychometric properties of many of these measures are well established, only the EFI and the 'forgivingness' questionnaire developed by Mullet and colleagues have been used in developing countries, and the psychometric properties of the latter remain to be established. A notable limitation of existing measures of forgiveness is that they all rely on self-reports. Ideally, self-reports regarding forgiveness attitudes should be complemented by the reports of other informants, such as the offender or someone who knows the victim well, however there is a dearth of instruments to assess third person reports about the victim's forgiveness attitude (McCullough, Hoyt & Rachal, 2000). The researcher wishing to assess forgiveness with standardised measures must therefore rely on the self-reports of participants who have experienced an offence.

Having established how the concept of forgiveness has been defined theoretically and measured empirically, we now turn to a consideration of the relevance of the concept for the context of human rights abuses.

## **4.2. Is Forgiveness Relevant to the Context of Human Rights Violations?**

Studies of forgiveness have tended to focus on emotional injuries occurring between two people in a personal relationship, including couples, family members and friends (e.g. Coyle & Enright, 1997; McCullough & Worthington, 1995; McCullough et al., 1997; Park & Enright, 1997; Rye & Pargament, 2002). Outside of the TRC context, Freedman and Enright's (1996) study with incest victims is the only study of forgiveness to date that has sampled survivors of interpersonal abuse. A recent study of the association between forgiveness and mental health has been conducted among military veterans in the United States (Witvliet, Phipps, Feldman & Beckham, 2004), but does not report whether the participants had themselves been victimised.

The only published journal article to provide empirical data regarding forgiveness among survivors of human rights abuses is authored by a TRC commissioner. Gobodo-Madikizela (2002) describes a case from the TRC hearings in which two women met with, and developed an attitude of forgiveness towards, the man who was responsible for killing their husbands. Gobodo-Madikizela thereafter met with the women and they described the process through which they had developed forgiveness. In a subsequent book (2003), Gobodo-Madikizela discusses the issue of forgiveness in relation to perpetrators of human rights abuses, and, in particular, her own journey towards developing forgiveness for a prolific perpetrator of human rights abuses with whom she had contact over a period of time (although she had not at any point been a direct victim of this particular perpetrator). Outside of the TRC context, no published studies of forgiveness have sampled survivors of human rights abuses, who, unlike survivors of familial violence such as those sampled in Freedman and Enright's (1996) study, typically have no prior or ongoing relationship with the offender. There is therefore a dearth of qualitative and quantitative data collected from survivors of human rights abuses regarding their forgiveness attitudes.

The absence of studies of forgiveness among survivors of human rights abuses may result from the view that forgiveness is inappropriate in the context of human rights abuses. It has been argued that forgiveness is undesirable because it leaves the forgiver open to further abuse, denies the validity of the victim's hurt and anger, and precludes both personal and

societal justice (Bass & Davis, 1988; see also review by Enright et al., 1991). Forgiving perpetrators of gross human rights violations, in particular, has been a morally contentious issue, with several authors suggesting that crimes against humanity, such as the Holocaust, are so heinous as to be unforgivable (Golding, 1984-1985; Wiesenthal, 1998). However, some authors argue that these reservations may arise from faulty definitions of forgiveness, which tend to conflate forgiveness with pardoning, excusing or condoning the offender (Enright et al., 1991; Enright & Zell, 1989; Lauritzen, 1987). They argue that the concept of pardon is in fact a legal category: pardon can only be granted by legal authorities as a form of legal mercy or leniency for someone who has broken the law. As such, the concept of pardon is neither relevant nor appropriate to the realm of interpersonal relations, and cannot be synonymous with the psychological process of forgiveness. Similarly, they argue that excusing and condoning involve a denial that the alleged offence was actually hurtful or injurious in the first place, and forgiveness is therefore not necessitated. True forgiveness, by contrast, is offered with a full acknowledgement of the moral injury that has been committed. Thus, North (1987) argues that *“what is annulled in the act of forgiveness is not the crime itself but the distorting effect that this wrong has upon one’s relations with the wrongdoer and perhaps with others”* (p. 500). Given its emphasis on forgiveness, the TRC clearly did not take the view that the human rights abuses perpetrated under apartheid were morally unforgivable.

While the morality of forgiving perpetrators of human rights abuses remains contentious, a growing body of research suggests that forgiveness is associated with improved mental health outcomes for victims of wrongdoing. A review of the published literature did not reveal any systematic studies of the relationship between forgiveness and post-traumatic stress disorder, but some clinical case material has noted the usefulness of forgiveness-focused therapy in addressing the feelings of anger and revenge that are often prominent among clients with PTSD (Enright & Fitzgibbons, 2000). In studies with large samples of college students, forgiveness has been found to be associated with anger reduction (Konstam, Chernoff & Deeveny, 2001), while a lack of forgiveness towards others is associated with depression (Maltby, Macaskill & Day, 2001). However, the correlational design of these latter studies renders the nature of these relationships unclear: does forgiveness result in a reduction in anger, or does a reduction in anger facilitate the development of forgiveness? Does a lack of forgiveness result in depression, or vice-versa? Or is the apparent relationships between these variables the result of some other factor?

A small number of studies employing an experimental design appear to indicate that a forgiveness intervention can actually result in a decrease in psychiatric symptoms and an increase in psychological well-being. In a randomised controlled study of twelve incest survivors (Freedman & Enright, 1996), the experimental group (which received a forgiveness intervention) gained significantly more than the control group in forgiveness and hope, and decreased more than the control group in self-reported depression and anxiety. A subsequent study with ten men whose partners had abortions (Coyle & Enright, 1997), utilising the same research design, reported significant reductions in anxiety, anger and grief in the experimental group as compared to the control group. Similarly, a controlled study with adolescents who had experienced parental divorce found significantly less anxiety, and significantly more hope, among adolescents who received a forgiveness intervention compared to those who did not (Freedman & Knupp, 2003).

There is therefore some convincing empirical evidence that forgiveness is associated with improved mental health outcomes. In this sense, forgiveness may be a relevant intervention goal for clinicians working with survivors of human rights abuses. However, the generalisability of the findings from controlled studies of forgiveness is limited by the use of small, non-random samples. Furthermore, controlled studies of the outcomes of forgiveness interventions have yet to clearly establish that a change in forgiveness attitudes is associated with the forgiveness intervention itself, rather than with other factors (such as the therapeutic relationship) that are known to facilitate positive therapeutic outcomes (Malcolm & Greenberg, 2000). Finally, given the absence of studies of forgiveness interventions with survivors of political violence, it is unknown whether the sorts of forgiveness interventions employed in the above studies are as effective with people who have experienced a gross human rights violation such as torture or the political murder of a loved one. However, to the extent that forgiveness may contribute to improved mental health among survivors of human rights violations, the concept remains relevant to clinical work and research with this population.

The remainder of the chapter will consider the models of forgiveness on which the forgiveness interventions used in the above studies are based and, in light of these models, the role that testimony may play in the forgiveness process.

### 4.3. Models of the Forgiveness Process

Definitions and measures of forgiveness, however comprehensive, are not sufficient for understanding the concept. Further elaboration must be provided by theoretical models that fully explicate the process of forgiveness, in the same way that the process of concepts such as separation (Bowlby, 1973, 1980; Mahler, Pine & Bergman, 1975) or bereavement (Kubler-Ross, 1970) has been modelled in the psychological literature.

In the forgiveness literature, it is consistently acknowledged that forgiveness is a multi-phasic process involving a series of psychological tasks over time (Pingleton, 1997). Over the past half-century, numerous models of the tasks involved at each stage of the forgiveness process have been proposed (Ausperger, 1981; Benson, 1992; Donnelly, 1982; Loewen, 1970; Martin, 1953; Pattison, 1989; Pettit, 1987; Rosenak & Harnden, 1992; Smedes, 1984; Thompson, 1983). Such models attempt to delineate the psychological processes that occur within the forgiver and/or the interpersonal processes that develop between forgiver and offender. Most theoretical models of forgiveness view forgiveness as a gradually unfolding process that takes months or years to achieve, and involves the following elements: recognising the offence; feeling anger and acknowledging hurt; deciding to forgive instead of choosing an alternative response; and actively engaging in cognitive, emotional and behavioural forgiveness (see reviews by McCollough & Worthington, 1994; Sells & Hargrave, 1998).

However, models vary widely regarding the nature and sequence of the stages in the forgiveness process. Some models maintain that internal psychological tasks are sufficient for the forgiveness process to be complete. For example, Donnelly (1982) proposes the following steps in forgiveness: deciding to forgive; remembering that true forgiveness is difficult; forgiving yourself; and considering the consequences of non-forgiveness. Pettitt (1987) proposes a 5-stage model: committing to forgiveness as a response to the offence; adopting new perspectives such as recognising the unmet need that prompted the offence, and desiring to find the good in others; changing one's stored image of the offence; accepting the offence and cancelling one's high expectations; and restoring the flow of love. In these models, only intrapsychic tasks on the part of the victim are required to complete the process.



More recently, Enright and colleagues (Enright, 2001; Enright & Fitzgibbons, 2000; Enright, Freedman & Rique, 1998; Enright & the Human Development Study Group, 1991) have increasingly integrated and expanded on the internal tasks and stages identified by existing models to present a comprehensive process model of forgiveness and a careful delineation of the psychological tasks involved in this process. These tasks provide the basis for a therapeutic model of forgiveness intervention.

The first phase in this forgiveness process, in response to an injury or wrongdoing, is termed the Uncovering Phase. This entails developing an awareness and acknowledgement of the negative psychological consequences caused by the injury, which may be both affective (e.g. anger, shame) and cognitive (e.g. altered beliefs about the world; cognitive rehearsal of the event). For some people, defences (for example, denial of any injustice) against the emotional pain caused by a deep injury may first need to be recognised and addressed before these painful feelings can be explored. The second phase of the forgiveness process, the Decision Phase, involves the gradual recognition that some form of resolution is needed, as existing strategies for dealing with the injury are ineffective and unhealthy. While a range of resolution options may be considered, including justice and forgiveness, developing an accurate understanding of forgiveness is an important part of this process. Having developed a willingness and motivation to consider forgiveness as the preferable option, the person then makes an active cognitive decision and commitment to forgive the offender.

There follows the Work Phase of internal forgiveness strategies. Here the victim reframes the offender by attempting to view him/her in context, considering the personal history, motivations and pressures that may have caused the offender to commit the injury. This (cognitive) process of reframing allows the development of empathy and, gradually, compassion, for the offender. The victim then accepts or absorbs the pain of the injury, resolving not to pass their pain on to others, including the offender. In including the capacity for empathy as a critical stage in the development of forgiveness, Enright (2001) and Enright and Fitzgibbons (2000) have drawn on the work of a number of forgiveness theorists (Brandsma, 1982; Cunningham, 1985; Fitzgibbons, 1986; Gartner, 1988; McCullough, 1997; McCullough et al., 1997; Vitz & Vango, 1997). For example, Gartner (1988) has developed a model of forgiveness based on Kernberg's (1975, 1976, 1980, 1984) object-relations theory, and his work has more recently been expanded by Vitz and Mango (1997). Within this framework, forgiveness is a process of integrating both the good and the bad aspects (or, in

Kernberg's language, self-object representations) of the offender. This entails a process whereby anger and aggression towards the offender is eventually tempered with an appreciation of the offender's good qualities and motivations, and empathy for his or her flaws, so that a more realistic and balanced view of the offender is achieved. Similarly, McCullough et al.'s (1997) motivational model of forgiveness in close relationships views forgiveness as a function of the ability of the victim to experience both affective and cognitive empathy for the offender. Furthermore, there is some empirical support for the theorized relationship between empathy and forgiveness, with findings suggesting that a high level of empathy is associated with being forgiving of others (Macaskill, Maltby & Day, 2002).

The final stage of the forgiveness process, a phase of 'Deepening' (Enright & Fitzgibbons, 2000) or 'Discovery and release' (Enright, 2001), entails awareness on the part of the victim of the personal benefits of forgiveness. These include a new sense of meaning and purpose, a sense of not being alone, and a feeling of emotional release.

Other models of the forgiveness process suggest that intrapsychic processes are necessary but not sufficient for the development of forgiveness, and that some form of interpersonal process between forgiver and offender is required before true forgiveness is achieved. For example, Hargrave (1994) proposes that the internal processing of the victim (which involves achieving insight and understanding) must be supplemented with an interactive process between victim and offender (which includes giving the opportunity for compensation, and the overt act of forgiving). Martin (1953) suggests the following 5-stage model: refusal to seek revenge or to accept that the relationship is permanently destroyed; desire to re-establish the relationship; explaining to the offender how the offence has harmed the relationship; repentance by the offender; and the re-establishment of a relationship of mutual confidence and trust. In these models, behavioural interaction with the offender is a central task in the forgiveness process, which is no longer a purely internal cognitive and emotional process.

Although Enright and colleagues' model of the forgiveness process does not include interpersonal processes between the victim and the offender, the model operationalises the internal forgiveness process through a careful breakdown of the sequential steps involved in forgiveness. However, the delineation of psychological tasks in the forgiveness process cannot alone explain why some people choose, and achieve, forgiveness while others do not.

What factors may inhibit or facilitate the willingness and ability to forgive, and the capacity to develop empathy for the offender? Several conditions have been proposed, and some empirically examined, although seldom in the context of gross human rights violations. These are discussed below.

#### **4.4. Conditions for Forgiveness**

Empirical data indicate that a number of factors may facilitate the development of forgiveness. These factors include aspects of the victim, aspects of the offence and the offender's subsequent behaviour, and broader contextual factors. A number of other conditions for forgiveness have been hypothesised, but not yet empirically explored.

Several characteristics of the victims may determine their willingness to forgive. Firstly, the individual's cognitive-developmental stage may be a crucial determinant of the capacity to forgive. Following Kohlberg's theory of moral development (1969, 1973, 1976), Enright et al. (1991) hypothesise that as individuals develop their cognitive capacities, they increasingly move away from an egocentric perspective, and are able to empathically adopt the perspectives of others and thus value and accept them despite their failings. For the forgiver, the early cognitive stages of moral reasoning are motivated by self-interest and entail a desire for some form of vengeance. In the intermediate stages, the forgiver is motivated by a desire to be seen favourably by others and to maintain harmonious relationships with them. In the mature developmental stages, forgiveness is motivated by a genuine love for others. Within this framework, mature forgiveness is achieved when the moral imperative to display compassion and benevolence becomes more salient than egocentric feelings of anger and resentment. At this stage, forgiveness is unconditional and does not depend on the actions of the offender, the achievement of justice, or other external factors. This hypothesis has been supported by empirical findings that people's stage of moral reasoning (assessed using Kohlberg's stages) is positively correlated with their stage of reasoning about forgiveness (Enright et al., 1989). Furthermore, stage of moral reasoning has been found to be significantly (although only moderately) positively associated with chronological age (Enright et al., 1989; Park & Enright, 1997), while forgiveness scores have been positively correlated with age (Girard & Mullet, 1997; Mullet, Houdbine, Laumonier & Girard, 1998; Subkoviak et al, 1995).

In addition to cognitive developmental factors, some personality factors, such as narcissism, neuroticism and hostility, are associated with an unforgiving attitude (Emmons, 2000; McCullough & vanOyen Witvliet, 2002; Symington, Walker & Gorsuch, 2002; Walker & Gorsuch, 2002). This suggests that such personality attributes may inhibit forgiveness. There is also evidence that the victim's philosophical and/or religious outlook is a central determinant of the willingness to forgive, with people who are more religious having more forgiving attitudes (Edwards et al., 2002; Enright et al., 1989; Girard & Mullet, 1997; Subkoviak et al., 1995). Finally, although several studies have found no gender differences in forgiveness (Macaskill et al., 2003; Paleari, Regalia & Fincham, 2003), there is some empirical evidence that the masculine gender role may inhibit forgiveness (Walker & Doverspike, 2001).

With regard to aspects of the offence that may enhance forgiveness, the role of perceived absence of any intent to harm has been empirically demonstrated (Boon & Sulsky, 1997; Girard & Mullet, 1997). The behaviour of the offender subsequent to the injury is also a major predictor of forgiveness, although there is philosophical debate regarding the degree to which forgiveness should be contingent upon this. For example, Archbishop Tutu appears to subscribe to the New Testament notion of interpersonal forgiveness as a moral duty incumbent upon victims, one that is not conditional upon repentance by the perpetrator (Wilson, 2001). Others embrace the view that it is morally inappropriate to forgive people who are unwilling to acknowledge any wrongdoing, offer an apology, be punished for their crimes or offer any form of restitution to their victims (Gutmann & Thompson, 2000), a position closer to the Old Testament understanding of interpersonal forgiveness. Empirically, there is substantial evidence that apologies and admissions of guilt encourage forgiveness (Darby & Schlenker, 1982; Enright et al., 1989; Girard & Mullet, 1997; Weiner, Graham, Peter & Zmuidinas, 1991), perhaps due to the empathy that arises when the offender is perceived by the victim to be experiencing guilt and emotional distress as a result of becoming aware of the hurtful consequences of their actions (Baumeister, Stillwell & Heatherton, 1994; McCullough et al., 1997). However, perpetrator behaviours that may influence forgiveness have not yet been investigated in the context of human rights violations.

Prevailing cultural norms of forgiveness may also influence willingness to forgive (Enright et al., 1991). Based on a comparative study of willingness to forgive in France and the Congo,

which found significantly higher revenge attitudes in the former sample than in the latter sample, Kadiangandu et al (2001) suggest that forgiveness may be more characteristic of collectivistic cultures than of individualistic ones. Indeed, anthropological studies suggest that forgiveness is central to traditional justice systems in collectivist societies in Central Africa (Raynal, 1999). By contrast, Wilson's (2001) analysis of township courts in South Africa suggests that, like the formal justice system in Europe, the United States and South Africa, retribution is central to indigenous notions of justice in South Africa. He argues that the TRC's emphasis on a 'culture of human rights' operated in a historical vacuum that ignored longstanding cultural prescriptions regarding retributive justice. The TRC's talk of reconciliation and forgiveness as alternatives to due process and proportional punishment, may therefore have found little resonance among South African survivors of human rights abuses.

Although these have not been empirically explored in the published literature, several other factors that may enhance or impede forgiveness have been proposed. Enright et al. (1991) suggest that increased time since the injury may facilitate forgiveness, while a high degree of emotional suffering as the result of the injury may either inhibit or facilitate forgiveness. Consequences for the offender may also affect the victim's willingness to forgive. There is a tendency in the literature to conflate forgiveness with relinquishing justice. However, Murphy (1988) argues that forgiveness entails a shift in how the offended person feels about the wrong-doer, not a change in the actions to be taken by the justice system in dealing with the wrong-doer. Forgiveness and legal punishment can therefore be parallel, rather than mutually exclusive, processes. Enright and colleagues (1998) concur: "*Forgiveness is not really connected to the justice system... Forgiveness is a personal response to one's own injury... we can forgive and still bring legal justice to bear as required by the situation*" (p. 49). Choosing to pursue retributive justice (e.g. imprisonment or compensation) may help to restore moral equilibrium, both for the victim and society as a whole (Regehr and Gutheil, 2002) and may therefore be equally, or more, healing than forgiving the perpetrator and forgoing justice. However, some authors argue that, should legal prosecution fail to convict the perpetrator (as it did in the case of several leading apartheid generals), the victim may feel further victimized; while even a successful conviction can entail a stressful litigation process and, potentially, feelings of guilt if the perpetrator is incarcerated (Allan & Allan, 2000; Regehr & Gutheil, 2002). The pursuit of retributive consequences for the offender may therefore either enhance or impede forgiveness. Finally, immediate environmental rewards

and sanctions may also determine the decision to forgive (Enright et al., 1991), although this hypothesis awaits systematic investigation. With regard to the TRC, it is possible that the high value placed on forgiveness by the TRC may have led some survivors to believe that they would be rewarded for forgiving perpetrators (for example, through approval from the TRC or through the granting of reparations) and sanctioned for not doing so (for example, through disapproval or the withholding of reparations).

In sum, influences that are both distal (e.g. pre-existing personality and cultural factors) and proximate (e.g. aspects of the offence, and subsequent behaviour of, and consequences for, the offender) may play a role in determining forgiveness. Giving testimony at the TRC is, therefore, only one possible component influencing the complex decision to forgive. This highlights the need to systematically interrogate the TRC's suggestion that giving testimony, in and of itself, can facilitate forgiveness for survivors of human rights abuses. Bearing in mind that forgiveness is likely to be influenced by multiple factors, the next section considers how giving testimony may contribute to the development of forgiveness.

#### **4.5. The Role of Testimony in the Forgiveness Process**

The concept of testimony, with its connotations of declaration and open acknowledgement (Agger & Jensen, 1990), assumes the presence of an 'other', who may serve as audience or witness. However, the role of the therapist / counsellor, or of another person who may participate in the victim's difficult process of developing forgiveness, has only begun to be explicated in existing models of the forgiveness process.

Enright and colleagues' model of forgiveness has been presented both as a self-help mechanism that can be completed alone (Enright, 2001), and as a process that can be facilitated within a therapeutic relationship (Enright & Fitzgibbons, 2000). With regard to the use of the model as a self-help process, in his book *"Forgiveness is a choice: a step-by-step process for resolving anger and restoring hope"*, Enright (2001) recognises that the role of an 'other' can be important to the internal forgiveness process. He encourages the reader to select a companion (someone other than the offender) who can accompany them on the journey towards forgiveness. Ideally, this person should be someone who is *"sensitive and who has experienced forgiveness"* (p. 80). He suggests that this person could serve as someone who *"you can talk with about each aspect of the forgiveness process"* (p. 80) and

who “*can help sort things out*” (p. 80), for example by helping the forgiver to “*discern an offender’s right and wrong actions more accurately*” (p. 80). Although this implies that part of the forgiveness process should entail narrating aspects of the story of the injury to a sensitive and understanding person, the need for giving such testimony is not explicitly stated. Enright does seem to suggest that the role of the companion is not simply to listen to the story of the injury, but to offer to the forgiver a new perspective on the injury and on his/her response to the injury; this may enable the forgiver to move beyond the cycle of “*negative thinking, self-justification, shame and guilt*” (p. 80). However, interaction with the companion is not presented as integral to the negotiation of the different phases through which the victim of an injury must pass in the forgiveness process. After suggesting that a companion be selected, the self-help book proceeds to describe the tasks or guideposts in the journey towards forgiveness without again referring to the specific role that the companion can play at each stage. Rather, the tasks are presented as internal ones involving a process of self-analysis and self-reflection. It is therefore unclear whether the presence of an ‘other’, while beneficial, is necessary for the successful completion of the forgiveness process and, if so, why precisely this may be the case.

Enright and Fitzgibbon’s (2000) book “*Helping client’s forgive: an empirical guide for resolving anger and restoring hope*” addresses the issue of the ‘other’ more specifically, as it is intended to guide therapists and counsellors in how to assist their clients to forgive. The authors suggest that, since most clients do not enter therapy with the specific aim of developing forgiveness towards those that have hurt them, the therapist may need to be active in suggesting that forgiveness is a useful approach to healing the emotional wounds of the past. Therefore, one role of the ‘other’ appears to be to introduce and explain the concept of forgiveness to the person who has been injured. Enright and Fitzgibbons (2000) further indicate a number of ways in which the therapist can actively direct the client through each phase or task in the forgiveness process. In the early phases of the process, the therapist may ask the client questions to assist the client to reflect on their angry and shameful feelings about the offence, the ways in which they have tried to defend against these feelings, and the ways in which their unresolved anger may be affecting their functioning. In the Work Phase, the therapist asks the client “*a series of questions to challenge the person’s view of the offender*” (p. 79), and then presents “*an exercise of stepping inside the offender’s shoes*” (p. 82) in order to help the client to develop a sense of empathy for the offender. In the Deepening Phase, the therapist explores the client’s worldview in order to help the client to

develop a sense of meaning from their experience of injury, for example by asking the client what they have learnt as a result of their suffering, and then explores with the client ways in which they can use what they have learnt towards a new and meaningful purpose.

The effectiveness of Enright and colleague's model in facilitating forgiveness among people who have experienced an interpersonal injury has been demonstrated in several randomized controlled studies that have assessed levels of forgiveness prior to and after a forgiveness intervention that entailed working through each of the tasks identified in Enright and colleagues' model of forgiveness in a series of weekly individual sessions (Coyle & Enright, 1997; Freedman & Enright, 1996; Hebl & Enright, 1993). However, as noted previously, these studies have not established the effectiveness of therapist interventions targeted at the development of forgiveness as opposed to the beneficial effects of a positive therapeutic relationship (for example, by having a control group that receives a supportive psychotherapy intervention with no forgiveness focus). A forgiveness intervention by McCullough and colleagues (1997) that focused specifically on helping participants to develop empathy for the offender by asking participants to consider the offender's psychological state and life circumstances at the time of the offence, as well as past situations in which the participants themselves needed to be forgiven, also produced a significant increase in forgiveness. However, the role of the 'seminar leaders' in the "*written and verbal exercises*" (p. 330) that the intervention entailed is not fully delineated.

In addition to the precise nature of the contact between victims of an offence and an 'other' who guides the forgiveness process, the length of the contact may also be critical to the development of forgiveness. A meta-analysis of data from 12 forgiveness intervention studies indicates that interventions involving less than six hours of client contact are substantially less effective in facilitating forgiving attitudes than those interventions that involve more than six hours of contact (Worthington, Sandage & Berry, 2000). This suggests that contact between the offended person and the person(s) who are facilitating the forgiveness process should be sustained over several sessions or hours, rather than the maximum of two or three hours of testimony time that was afforded to many TRC deponents.

Thus, while the forgiveness literature is beginning to consider the precise function that another person may serve in facilitating the forgiveness process, there appears to be little theoretical or empirical support for the notion that a single encounter between a victim of



interpersonal injury and an 'other' (such as a therapist), can instil in the former an attitude of forgiveness towards the person who has hurt them. In the existing literature, the 'other' who may assist the victim with the forgiveness process is assumed to be someone with whom the person has established a trusting relationship (either a friend or companion who has personal experience with forgiveness, or a trained therapist or counsellor), and the role of the 'other' is assumed to be a continuous one over a period of time. How then might a single experience of giving testimony to the TRC have facilitated forgiveness among deponents?

Despite the absence of a continuous relationship with a trusted other, giving testimony to the TRC may have entailed some of the mechanisms that have been identified as critical to the forgiveness process. The current forgiveness literature suggests that the role of the 'other' in the forgiveness process may be to introduce and explain the notion of forgiveness, and to actively direct the person who been injured to address each stage in the forgiveness process. Some observers of the TRC have argued that the commission presented a powerful forgiveness discourse to deponents (see Chapter 1); if this is so, it is possible that the commission may have fulfilled the function of introducing the notion of forgiveness to people who had not previously considered this as an option. Whether the commission then actively directed deponents through various tasks or stages in the forgiveness process depends on the types of questions that the commission asked of deponents. If the commission asked questions that explored deponent's feelings about the injury and the perpetrator, and the ways in which the violation has affected the person's life, the commission may have enabled deponents to acknowledge the ways in which they have been affected by the violation. If the commission asked deponents to consider the perspective of the perpetrator, this may have helped deponents to develop a sense of empathy for the offender. Lastly, if the commission asked deponents what they had learned from their experience of victimisation, it may have helped deponents to find meaning in their painful experiences. While it is unclear whether these types of questions were actually asked by the TRC commissioners, truth commissions certainly provide an opportunity for such questions to be asked of people who have experienced gross human rights violations, and thus may constitute a potential space in which some tasks in the forgiveness process can be facilitated.

#### 4.6. Chapter Summary

The dearth of studies on forgiveness among survivors of human rights abuses may stem from the belief that some crimes are so heinous as to be unforgivable. However, the TRC's emphasis on the value of forgiveness for individual survivors of human rights abuses under apartheid may be a catalyst for future research in this area, and the current study attempts to contribute to the development of such research. Although assessing the TRC's claim that deponents developed forgiveness through the testimony process is difficult, given the manifold definitions and methods of assessing the nature of forgiveness in the literature, several forgiveness scales with well established psychometric properties exist for research purposes.

Existing models of forgiveness indicate that it is a multi-phasic process occurring over a period of time and, while it can be achieved alone, an 'other' can play an important role in facilitating and guiding movement through the phases or tasks of the forgiveness process. In the TRC context, it is possible that the statement-takers who took private testimony from deponents, and the truth commissioners who heard testimony at the public victim hearings, may have subtly or overtly facilitated and guided deponents through tasks and stages that are central to the forgiveness process. Since the nature of the 'other' is quite different in the private versus the public testimony context (a private encounter with a single person, as opposed to a public encounter with the truth commission panel, an audience and the media), it is possible that the forgiveness process may have been influenced differently in each case. Additionally, it appears that greater time spent in interventions that are designed to facilitate forgiveness is associated with an increase in forgiving attitudes. Deponents who first gave private testimony and then went on to give public testimony had more time with an 'other' to talk about their experiences of violations and what this had meant for them, and may therefore have had more opportunity to develop a forgiving attitude. Furthermore, given the multiple conditions that may facilitate or impede forgiveness, including the nature of the offence and characteristics of the victim, it is also possible that different deponents may have responded differently to those aspects of the private or the public testimony process that may influence forgiveness attitudes. As with the outcome of psychological healing, discussed in Chapter 3, an investigation of the impact of TRC testimony on the forgiveness attitudes of survivors of human rights violations should therefore consider the role of the type of testimony, as well as the demographic and violation 'profile' of the deponents.

The next chapter delineates the methodology that was developed to assess the TRC's claims that testimony resulted in both psychological healing and forgiveness.

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## CHAPTER 5

### METHOD

This chapter delineates the research aims of the current study, and the methodological approach that was used to address these aims. After stating the aims of the study, the chapter describes the research design, sampling strategy, instruments used for collecting data, and procedure for administration of the study. The chapter concludes with a discussion of the ethical issues that are pertinent to this study of the sensitive topic of human rights abuses, and the ways in which these have been addressed.

#### 5.1. Research Aims

Given that current evidence for a relationship between TRC testimony and positive psychological outcomes is entirely anecdotal, but that emerging truth commissions in other countries are nevertheless being based to a large extent on the South African model (see Chapter 1), there is a need to describe the current psychological health of deponents who have given truth commission testimony, using reliable and valid standardised measures and established methods of data analysis. As an exploratory study in a relatively new area of research, this study aimed to systematically describe and compare the post-testimony psychological status of TRC deponents who gave public, private or no testimony, in order to contribute to the limited current knowledge base in this area.

The specific research aims of the study were as follows:

- 1) To establish whether there are statistically significant differences in
  - a) the frequency of psychiatric disorders, and
  - b) mean levels of forgiveness towards perpetrators

between survivors of human rights abuses who gave public, private and no testimony to the South African TRC.

- 2) To identify factors that may moderate the relationship between type of testimony and outcomes a) and b) above.

At this stage in the knowledge base regarding the effects of truth commission testimony, it is still too early to generate specific hypotheses to be tested. The impact of truth commission testimony on the psychological health of survivors has only an anecdotal basis, and has not been empirically explored through the systematic collection of data from deponents. With regard to the first aim, it is unclear from the existing theoretical and empirical literature whether private versus public testimony will have different psychological impacts on psychiatric status and forgiveness and, if so, in which direction this difference will occur. Public and private testimony may both have a beneficial impact, or both have a negative impact, on the psychiatric status and forgiveness attitudes of deponents; or one form of testimony may be significantly more beneficial than another. Specific hypotheses regarding the association between type of testimony and psychiatric status, and between type of testimony and forgiveness attitudes, were therefore not proposed. With regard to the second aim, while there is some indication from the existing literature that both the impact of giving a trauma narrative, and the process of forgiveness, may differ according to the person's demographic profile and the type of offence they have experienced, these moderating effects have yet to be explored in the context of truth commission testimony. Again, therefore, specific hypotheses regarding the moderating effects of these factors were not proposed.

This exploratory study therefore aimed to examine possible relationships between type of TRC testimony and psychiatric status, and between type of TRC testimony and forgiveness, which may suggest specific hypotheses that can be tested in future studies within this relatively new area of research.

## **5.2. Research Design**

### *5.2.1. Independent, Dependent and Moderating Variables*

#### *5.2.1.1. Independent Variables*

The independent variable was the type of TRC testimony given by the participant, categorised polychotomously as public testimony (participants who gave private testimony and then public testimony), private testimony only, and no testimony.

#### *5.2.1.2. Dependent Variables*

The systematic investigation of the TRC's claim that the process of giving testimony may have resulted in psychological healing for survivors of human rights violations, necessitates an operational definition of 'psychological healing'. Based on a review of the literature (see Chapter 3), in the current study psychological healing was defined as the absence of psychiatric diagnoses, as measured by a standardised diagnostic interview for DSM-IV psychiatric disorders. Given critiques of the limited cross-cultural utility of diagnostic nosologies based on Western psychiatry (see Chapter 3), why was an approach that could be described as etic favoured in the present study? This was not intended to be a study of psychological responses to trauma in a South African sample. Rather, it was a study of the impact of truth commission testimony on the mental health of survivors. DSM-based psychiatric disorders (and, particularly, PTSD, depression and anxiety) remain the most commonly *documented* mental health issues for survivors in the systematic empirical literature. Thus DSM-based psychiatric outcomes were favoured as indicators of psychological healing in the study, while acknowledging that truth commission testimony may also have impacted on other aspects of psychological functioning.

In order to systematically investigate anecdotal claims by the TRC, and its observers, that the process of giving testimony may have impacted upon participants' forgiveness attitudes towards perpetrators (see Chapter 1), the operational definition of forgiveness developed by Enright and colleagues (see Chapter 4) was adopted as the forgiveness outcome variable in the current study; that is, the absence of negative affect, cognitions and behaviours, and the presence of positive affect, cognitions and behaviours, towards the offender.

#### *5.2.1.3. Moderating Variables*

Moderating variables are those factors that may moderate the relationship between type of testimony and the dependent variables. The selection of moderating variables was based to a large extent on the existing theory and research regarding narrative-based trauma

interventions (reviewed in Chapter 3) and forgiveness (reviewed in Chapter 4). The moderating variables that were selected are now discussed, with regard to the relationship between type of testimony and psychiatric status, and then with regard to the relationship between type of testimony and forgiveness.

The review of the literature on trauma narratives indicates that gender and type of trauma exposure may moderate the effect of narrative-based interventions such as exposure therapy and testimony therapy. It was therefore decided to include both of these factors as possible moderating variables in the relationship between type of testimony and psychiatric status. With regard to type of trauma exposure, the analysis attempted to explore the possible moderating effects of exposure to each of the eleven types of human rights violation assessed in the current study (see Section 5.4.2. below). However, as will be discussed in more detail in Chapter 6, some human rights violations could not be included in the analysis due to unacceptably low statistical power. In addition to the moderating variables that have been identified in the literature on narrative-based interventions, it is also possible that current environmental factors may enhance or impede the ameliorative effect of giving testimony. Such factors are manifold and cannot all be explored in the current study. It was decided to include two demographic factors that provide a measure of current environmental stress: relationship status (an indicator of social support) and employment status (an indicator of financial stress). It is acknowledged that these are imperfect, and limited, indicators of complex experiences of social support and stress; however, they may provide an exploratory indication of the role of these contextual factors in post-testimony psychiatric status. See Section 5.4.1. below for a description of how these two variables were coded.

Given that there has been no previous empirical examination of the relationship between giving any form of testimony and forgiveness, analysis of possible moderating factors in the relationship between type of TRC testimony and forgiveness was exploratory in nature and considered a range of possible moderating factors. As seen in Chapter 4, the literature indicates that forgiveness may be associated with gender and degree of religiousness; these two variables were therefore included. Chronological age (measured in years), which has also been identified in the literature to be associated with forgiveness attitudes, was also considered as a possible moderating factor in the relationship between type of testimony and forgiveness. The literature further indicates that the nature of the offence may determine the motivation to forgive; each of the eleven types of TRC-defined human rights violation

measured in the current study (see Section 5.4.2.) was therefore considered as a possible moderating variable. Finally, it was decided to explore the role of current environmental stressors in moderating the relationship between type of testimony and current forgiveness attitudes towards the perpetrator. Although the forgiveness literature has not yet explored this, it is possible that environmental stress may impede the development of forgiveness after testimony, while environmental support may enhance it. Again, relationship status and employment status were selected as indicators of environmental stress.

Initially, the study planned to include the results of amnesty trials for perpetrators (that is, the granting of amnesty or the denial of amnesty), as well as the receiving of financial reparations from the TRC, as moderating variables. Some survivors of human rights violations who gave testimony at the TRC have expressed dissatisfaction with the idea of amnesty for the perpetrators who committed violations against them, and with the government's failure to act on the TRC's recommendations regarding reparations (see Chapter 2). It seems likely that survivors' forgiveness attitudes towards the perpetrators may depend to some extent on whether or not the perpetrator had received amnesty from the TRC, and also on whether or not the survivor had received some financial reparation for the violation. The current study therefore planned to assess the impact of testimony once the TRC's amnesty and reparation processes had also been completed. However, the TRC's amnesty process took substantially longer than the victim hearing process. Although the TRC was expected to last only two years, it was ultimately in operation for six years (Gibson, 2004). By 1998, when the TRC published its final report, the amnesty committee still had many more amnesty claims to process, and the final report of the amnesty committee (Truth and Reconciliation Commission, 2003, vol. 6) was ultimately not completed until 2003. The recommended reparations have, to date, still not been paid. In mid-1999, it was therefore decided to proceed with the study without waiting for the amnesty and reparations processes to be completed. The study was therefore not able to assess the degree to which the forgiveness attitudes of those who testified at public victim hearings may be moderated by the TRC's broader reconciliation and social justice initiatives.

### *5.2.2. Establishing the Relationship Between Variables*

Methodologically, within the positivist tradition, only a classical experimental design (that is, a randomised pretest-posttest control-group design) can provide the necessary conditions for



establishing a causal relationship between testimony group and the dependent variables of psychiatric status and forgiveness (Cook & Campbell, 1979). However, once research is conducted in field rather than laboratory settings, as was the case in the current study, the feasibility of such designs is frequently precluded by real-world constraints. Furthermore, establishing causation in highly controlled settings may be of limited value, since these findings cannot be generalised to complex field settings (Cook & Campbell, 1979).

In the case of the present study, several constraints prevented the development of a classical experimental design. Firstly, it was not possible for any researcher operating outside the official auspices of the TRC to conduct a pre-test with deponents before they gave a private statement (a proportion of these would then be selected by the TRC to give public testimony), since, for ethical reasons, the identities of would-be deponents were not made public. Secondly, randomisation was not possible. Random assignment of participants to the 'treatment condition' (form of truth commission testimony) was beyond the influence of the researcher, and the TRC itself did not select deponents to give private statements or to give public testimony in a random manner (Truth and Reconciliation Commission, 1998, vol. 1). Random selection of participants for the study was also not feasible for several reasons. Understandably, the TRC was unable (for reasons of confidentiality) to provide a list of all TRC deponents in the Western Cape from which a random sample could be drawn. While the names of deponents who met the TRC's criteria for victim of a human rights violation were published in the TRC's final report (Truth and Reconciliation Commission, 1998, vol. 5), no contact information was provided. For example, the list of names did not specify in which region of the country the victim lives. This list could therefore not be used for random sampling. Furthermore, anecdotal evidence in South Africa as well as published research by authors in the United States (Mollica et al., 1998), suggests that randomly selected participants in communities that have experienced human rights abuses display suspicion and concerns about confidentiality when canvassed door-to-door (even by research assistants of the same cultural background as themselves), leading to high rates of refusal to participate. This raised an ethical concern regarding the distress and anxiety that may be elicited by randomly approaching survivors of gross human rights violations and asking them to participate in a research study about their experiences. Furthermore, being approached by representatives of an official institution (such as a university), who are interested in hearing about deeply personal experiences of a traumatic nature, may be experienced by survivors as an inappropriate violation of privacy. Random selection is therefore particularly difficult in

research on human rights violations, where methodological requirements must be balanced by practical and ethical considerations.

Due to these limitations, the study followed a comparison group posttest-only design with a non-random sample. In their classic text on quasi-experimental designs, Cook and Campbell (1979) classify this design as a form of quasi-experiment that does not generally permit reasonable causal influences. This is because the comparison groups are pre-existing, have not been created through random assignment, and are therefore non-equivalent. Furthermore, because the researcher does not have control over the timing of outcome measures in relation to the treatment (in this case, truth commission testimony), there is no opportunity for pre-test observations. Cook and Campbell (1979) warn that the absence of pre-tests raises the possibility that any observed differences between the groups can be attributed either to a treatment effect *or* to pre-existing selection differences between the groups. If the groups are non-equivalent, the possibility of selection differences is always present. The relatively small size of the sample that volunteered for this study did not permit the three groups to be matched on a number of variables, in order to reduce selection differences. If only matched participants were selected, the final sample size would have been substantially reduced. Thus, while the study allows for associations between variables to be tested, the causal effect of TRC testimony on psychiatric outcomes and forgiveness cannot be statistically demonstrated by the present study.

In the current study, it was therefore not possible to establish that a casual relationship could explain any observed associations between type of TRC testimony and the outcome variables of psychiatric status and forgiveness. Rather, it was hoped that this exploratory study, in an area that has not previously been systematically researched, would suggest possible relationships between truth commission testimony, psychiatric status and forgiveness, that can be experimentally tested by other researchers in future truth commission contexts. At this historical juncture, with a number of truth commissions in various stages of preparation (see Chapter 1), opportunities may exist for planned pretest-posttest and randomised designs that can statistically establish the causal nature of any relationships demonstrated in the present study.

### **5.3. Sample**

#### *5.3.1. Inclusion Criteria*

The sampling population was defined as survivors of ‘gross human rights violations’. The TRC’s definition of gross human rights violations was used as the basis for including participants in the study. This definition included the following forms of abuse: killing (including assassination, legal execution for politically-motivated crimes, and all other politically-motivated deaths), torture (abuse in the context of captivity or custody, with the aim of obtaining information, forcing the captive to do something, or punishing or humiliating the captive), severe ill-treatment (attempted killings and all forms of deliberately inflicted suffering that cause extreme physical or mental harm, and are politically-motivated, but do not occur in the context of torture), abduction (forcibly and illegally taking a person away, for politically-motivated reasons), disappearance (when the person who is forcibly and illegally taken away is never found again), and associated violations (violations that do not in themselves result in extreme physical or mental harm but that do cause some suffering; political detention or imprisonment is included here, as are having one’s property damaged and one’s home raided, looted, or burned) (Truth and Reconciliation Commission, 1998, vol. 5) . The TRC’s full coding frame for each of these categories of violation can be viewed in Appendix 1.

The TRC’s mandate further specified that, in order to qualify as a gross human rights abuse, the violation must have been politically motivated, and must have occurred during the period 1960 to 1993 (Truth and Reconciliation Commission, 1998, vol. 1). Only participants who experienced a human rights violation during this time frame were included in the study. The TRC invited testimony both from those who were themselves violated, and those whose family members were violated (Truth and Reconciliation Commission, 1998, vol. 1). The current study therefore included participants who had themselves been violated, and those who had had a family member violated, according to the TRC’s definition of a gross human rights violation.

#### *5.3.2. Recruitment of the Sample*

The sample was recruited in August and September 1999. Participants were sampled from the Western Cape region of South Africa, the region in which the researcher resides. Further, since 90% of all people who gave statements to the TRC were black Africans (Truth and Reconciliation Commission, 1998, vol. 1), the present study focused only on black African communities in these areas. Under the apartheid government's Group Areas Act, residential areas throughout South Africa were divided along racial lines; in the Western Cape, separate residential areas were allocated to black African, 'coloured', and white citizens (Truth and Reconciliation Commission, 1998, vol. 1). During apartheid, the vast majority of black Africans in the Western Cape lived in shanty towns, or 'townships', usually located just outside of major cities or towns; today, due largely to ongoing economic deprivation in this population, the majority of black Africans continue to reside in these townships. The indigenous language of most black Africans in the Western Cape is Xhosa.

Participants were drawn from township populations residing in four areas in the Western Cape region of South Africa where the TRC had taken private statements and had also held public hearings: the Cape Metropole, Worcester, Paarl and George. Of the 21 000 statements taken by the TRC, 1320 were taken in the Western Cape, representing 6.2% of the total number of statements given to the TRC (Truth and Reconciliation Commission, 1998, vol. 1). Per 1000 people residing in the Western Cape, 0.32 gave a statement to the TRC, less than in many other regions (e.g. 1.24 in Kwa-Zulu Natal and 0.60 in the Northern Cape). This is likely to reflect the fact that political conflict was less prevalent in the Western Cape than in the latter regions (Truth and Reconciliation Commission, 1998, vol. 1).

The socio-economic conditions within which the participants live form an important context for the current study. The results of a 1997 survey reported on the South African local government website (South African Local Government, *Social Economy of Khayelitsha*, retrieved on 3<sup>rd</sup> October from [www.local.gov.za/DCD/ledsummary/khayelitsha/socialeconomy.html](http://www.local.gov.za/DCD/ledsummary/khayelitsha/socialeconomy.html)) indicate that the areas in which the study was conducted, only about 3% of the population lived in formal housing. All of the participants in the current study reported that they lived in informal housing (see descriptive statistics for the sample in Chapter 6), usually an aluminium shack shared by the whole family. The 1997 government survey also indicated that 43% of adults in these areas did not have formal employment, with 74% of households earning less than R1500 (today's equivalent of approximately \$214) a month. During administration of the current study, participants frequently told the research assistants

about their financial stress; for example, many reported that they did not have money to buy food for themselves or their children. In addition to severe economic deprivation, exposure to trauma in the areas from which participants were recruited is extremely high. While political violence is no longer common, domestic and criminal violence are prevalent. For example, at the time at which the study was conducted, the areas from which the sample was recruited had one of the highest rates of gang violence in the country, as well as a high rate of murder and rape (South African Institute of Race Relations, 2000). While not necessarily an accurate representation of the non-clinical population, a recent clinic study conducted in one of the areas from which the sample was drawn reported that 18% of participants had been assaulted in a relationship, 40% had been held up or threatened with a weapon, and 9% of women had a lifetime experience of rape (Carey, Stein, Zungu-Dirwayi & Seedat, 2003). The human rights violations to which participants in the current study were exposed may therefore constitute only one aspect of a broader and ongoing context of trauma and stress.

Due to the constraints on random sampling discussed in Section 5.2.2. above, a non-representative sample was used. Volunteer participants for this study were recruited through two methods. Firstly, media advertising (including both printed media and radio) was used to publicise the study: survivors of human rights violations were invited to contact the researchers via telephone if they wished to participate in a study. However, since media advertising might only be accessible to people who are literate or who own radios, and since some survivors may not have access to a telephone, another recruiting procedure was also implemented. This involved networking with ‘gatekeepers’ (Argyris, 1969; M. Punch, 1998) in the township communities who could help the researcher to gain access to participants. Two Xhosa-speaking research assistants visited key community figures (e.g. political and church leaders) and community agencies working with survivors of human rights abuses (primarily non-governmental human rights organisations) in each of the townships in Cape Town, George, Paarl and Worcester. These gatekeepers were informed of the nature of the study and were asked to make announcements at public meetings inviting people to contact either the research assistants or the gatekeeper if they wished to participate in the study.

Once participants volunteered, a snowball sampling method was used to access other participants. Each participant was asked to think of other people they knew who had experienced a human rights violation, to inform them about the study, and to invite them to contact the research assistants or a gatekeeper should they wish to participate. These

sampling methods have previously been employed in empirical studies of the psychological effects of human rights abuses (Basoglu et al., 1994; Steel et al., 1999; Thompson & McGorry, 1995), but the use of a non-random volunteer sample implies several caveats on findings (as will be discussed in Chapter 8).

All volunteers who made contact with the research assistants, either directly or through gatekeepers, were then screened by the Xhosa-speaking research assistants to establish whether they met the TRC's definition of a victim of a gross human rights violation. With a few exceptions (who were excluded from the study), all those who volunteered to participate met this criterion. After two months of recruitment, the sample comprised 134 participants. A larger sample would have been preferable for the purposes of statistical analysis. However, the suspicion and distrust of institutions and their representatives that is common among survivors of state-perpetrated human rights abuses, coupled with the stresses of daily survival in the conditions of poverty that characterised the communities sampled, severely limit the number of survivors of human rights abuses who are willing to commit themselves to participation in research studies. Given the difficulty in generating large samples for this area of research, the sample size of 134 was deemed adequate, if not ideal, for the present study. However, the sample size will also imply several caveats on findings.

#### **5.4. Instruments**

Each participant completed four measures. All instruments were translated into Xhosa according to recommended procedures for ensuring semantic equivalence (Bontempo, 1993; Brislin, 1986). Each instrument was translated into Xhosa by a bilingual mental health professional and then independently backtranslated by a bilingual person without mental health experience. The equivalence of the original English and back-translated English versions were then evaluated by two experts (a clinical psychologist and a psychiatric nurse) who had not been involved in the initial translation, and some minor modifications were made to the translated questionnaires. Due to non-literacy among some of the participants, each questionnaire was administered verbally to the participant by the research assistant. Participants' responses were then filled in on the questionnaire by the researcher. The four instruments are described below.

#### 5.4.1. Demographic Questionnaire

This was designed for the current study. Demographic data were collected in order to provide descriptive information for the sample, and to explore demographic factors that may moderate the relationship between type of testimony and psychological outcomes. Data was elicited regarding gender, age (coded in years), relationship status (categorised dichotomously as married / in a long-term relationship, or single), highest level of education completed (primary, secondary or tertiary level), employment status (categorised dichotomously as either employed, or unemployed / pensioner), and housing type (formal or informal dwelling). Given the association between religion and forgiveness reported in previous literature (see Chapter 4), participants were also asked the degree to which they identified themselves as holding strong religious beliefs. This item asked “How religious are you?” and response options fell into three categories: “Not at all religious”, “Quite religious” and “Very religious”. While not a validated, standardised, objective or robust measure of religious faith, this item provided a broad measure of self-perceived religiousness. Finally, the questionnaire elicited information regarding the participant’s contact with the TRC, including the type of testimony given (where no testimony had been given, the participant was asked why they had not given testimony), whether the participant was aware of an amnesty trial for a person who had committed a violation against them (if so, the participant was asked whether they had attended the amnesty trial, whether they had given testimony at the amnesty trial, and whether they were aware of the outcome of the amnesty trial), and whether the participant had received any financial reparations from the TRC. See Appendix 2 for a copy of the demographic questionnaire, in English.

#### 5.4.2. Structured Interview for Human Rights Violations (SIHRV)

Exposure to gross human rights violations, as defined and categorised by the TRC, was assessed with a structured interview, developed for the study. For the following categories of gross human rights violation identified by the TRC, the participant was asked whether, and how many times, this had happened to either themselves or a family member, during the period 1960 to 1993 (the TRC’s time-frame for establishing gross human rights violation): detention<sup>1</sup>, torture, politically-motivated abduction, and any other form of injury due to political violence (severe ill-treatment). For the following categories, participants were asked whether, and how many times, they themselves had experienced these: killing of a family

member through political violence, disappearance of a family member due to political violence, and damage to home or property due to political violence<sup>2</sup>. Participants were also asked to identify the violation that was most traumatic, distressing or difficult for them (this information was later used for the Enright Forgiveness Inventory – see 5.4.4. below). See Appendix 3 for a copy of the English version of the SIHRV.

This structured interview provides a standardised format for documenting the human rights violations experienced by participants. While open-ended interviews may have yielded richer and more detailed data, the subsequent categorisation of this qualitative data for the purposes of statistical analysis would have been extremely time-consuming. Additionally, impaired memory as the result of torture-related head trauma or of PTSD avoidance symptoms, high emotional arousal when thinking about traumatic experiences, and cultural prescriptions regarding the revelation of traumatic experiences, may limit the degree to which survivors of human rights violations freely self-report their experiences (Breiere & Conte, 1993; Green & Grace, 1988; Mollica & Caspi-Yavin, 1991; Mollica & Lavelle, 1988). Structured interviews may therefore elicit more data than open-ended interviews that require survivors to disclose their experiences in their own words using free recall (Mollica et al., 1996).

#### 5.4.3. *Mini International Neuropsychiatric Interview (MINI)*

Rather than focusing exclusively on PTSD and/or depression, as many other studies of the psychiatric sequelae of human rights violations have done (see Chapter 3), the present study aimed to assess a fuller range of psychiatric disorders. Those disorders that were most common in the sample were then included as dependent variables in the analysis. Furthermore, this study favoured diagnostic assessments of the presence or absence of psychiatric disorder conducted by qualified mental health professionals, rather than the use of self-rating symptom scales. Recent evidence suggests that self-report questionnaires tend to over-estimate the prevalence of PTSD and depression when compared with the results of a clinical interview (Turner, Bowie, Dunn, Shapo & Yule, 2003), possibly because self-report scales often do not enquire about the degree of impairment in functioning. Furthermore, self-report questionnaires may be more likely than interviews to yield distorted symptom reports due to issues of intellectual capacity and complexity of questions (Marsella, 2001). These are particularly important issues in the current study, where many participants had only a primary school education. An interview situation better enables the researcher to assess when a



participant does not fully understand a question. A structured diagnostic psychiatric interview was therefore employed to assess psychiatric outcomes in the present study.

The MINI (Sheehan et al., 1998) is a widely-used clinician-administered structured diagnostic interview for the following DSM-IV psychiatric disorders: major depressive disorder, dysthymia, mania and hypomania, panic disorder, agoraphobia, social phobia, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), generalised anxiety disorder (GAD), alcohol and drug dependence/abuse, psychotic disorders, anorexia nervosa and bulimia nervosa. The MINI assesses current and lifetime presence of disorders. However, only current disorders were considered in the analysis for the present study. For each disorder for which participants met the diagnostic criteria, the date of onset was elicited. Version 5 of the MINI, which is updated for DSM-IV, was utilised in the present study. This instrument is copyrighted and may not be reproduced in full here. It is, however, available from the authors of the MINI upon request.

The MINI was favoured over other structured diagnostic interviews as it provides an optimal balance between comprehensivity and brevity. It is shorter and therefore less costly and time-consuming to administer than the typical structured psychiatric interview but, unlike a screening interview, it is accurate and comprehensive enough to allow for the diagnosis of clinical disorders (Sheehan et al., 1998). Sheehan and colleagues (1998) report that its administration time is about half that of the Structured Clinical Interview for DSM-III-R (SCID; Spitzer & Williams, 1990), and about one fourth that of the Composite International Diagnostic Interview (CIDI; World Health Organisation, 1990), while retaining a high concordance with these instruments. In comparisons with the SCID, clinician-rated MINI diagnoses have good or very good kappa values, sensitivity of .70 or greater for most of the diagnoses, specificity and negative predictive values of .85 or greater for all the diagnoses, and positive predictive values ranging from very good to acceptable. Similarly, in comparison with CIDI diagnoses, clinician-rated MINI diagnoses have good or very good kappa values, sensitivity of .70 or greater for most diagnoses, specificity of .70 or greater for all diagnoses, good negative predictive value and positive predictive values ranging from very good to acceptable for all but one of the diagnoses (GAD) (Sheehan et al., 1998).

The MINI has good inter-rater reliability. All the diagnoses included in the MINI have inter-rater kappa values above .75, and the majority are above .90 (Sheehan et al., 1998). The

procedure for making a clinical diagnosis on the MINI is highly structured and leaves no room for the rater to exercise his or her own judgement. In each module, a series of questions enquiring about symptoms is read aloud to the respondent, and the respondent may answer either yes or no. At the end of the module, there are clear and simple instructions to the rater regarding how to add up the number of 'yes' answers in order to decide whether or not the respondent meets the threshold for the disorder (for example, "Are 3 or more A7 answers coded 'yes'?"). Given the highly structured nature of the interview, and the extensive experience of the research assistants in administering diagnostic interviews (see Section 5.5.), inter-rater reliability was not tested statistically in the current study. Rather, the researcher checked the first three MINI interviews that were conducted by each research assistant, in order to ensure that they had correctly followed the instructions for deciding whether the respondent met the diagnostic threshold. In each case checked by the researcher, the diagnoses had been made correctly in accordance with the instructions.

Two adaptations were made to the MINI. Firstly, given reports of high rates of somatisation among survivors of human rights violations, and particularly among torture survivors (see Chapter 3), an additional module on somatisation was developed for the present study. This was based closely on DSM IV diagnostic criteria for somatisation disorder.

A second adaptation concerns the PTSD module. As noted in Chapter 3, one question that arises from existing empirical studies of survivors of human rights violations is whether the focal trauma for the PTSD symptoms (i.e. the trauma that is the focus of flashbacks and other intrusive experiences, and of the attempts at avoidance) is always a human rights violation? Attempts to identify the index trauma for PTSD symptoms have been neglected in most of the studies reviewed in Chapter 3. The onset of PTSD symptoms is not assessed in samples where multiple trauma exposure is common, and some researchers fail to explain whether their questions to participants about PTSD symptoms are linked to a specific index trauma (for example, are participants instructed to identify the most frightening event they experienced, or are they asked to think only about their torture experiences, and then asked whether they have PTSD symptoms such as flashbacks and avoidance in relation to that particular trauma?). As a screening question for PTSD, the MINI asks "*Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?*". Should the respondent answer in the affirmative, the subsequent symptom questions focus on "this event" or "the

event”. This assumes that the respondent has experienced only one traumatic event. Given that trauma exposure was a selection criterion for our sample, and that it was (accurately) expected that most participants would have had multiple traumatic exposures, this attempt to establish a focal trauma for the PTSD symptom questions was deemed inadequate. Rather, at the beginning of this module, each participant was asked to think about all the events in their lives that entailed the threat of death or serious injury to themselves, or actual or threatened death or serious injury to someone else [as per the DSM IV-TR (American Psychiatric Association, 2000) Criterion A for PTSD]. For each PTSD symptom assessed in the MINI (for example, nightmares and intrusive images), participants were asked to indicate if they had experienced this symptom in relation to *any* of these events. Only at the end of the PTSD module were participants asked to identify, as far as possible, the focal trauma or traumas of those PTSD symptoms that they had endorsed. Specifically, they were asked to identify the event that formed the content of their intrusive symptoms (nightmares, flashbacks, images and memories).

As an adjunct to the MINI, a brief treatment history was also recorded for each participant who met criteria for a disorder. Participants were asked: “Have you ever sought help for these problems?”. This question was asked in order to establish whether participants in the three groups differed in the psychological interventions they had received, which may confound the contribution of truth commission testimony to the outcomes of psychiatric status and forgiveness. Affirmative responses were followed up with specific questions regarding the nature, duration and perceived success of the intervention(s).

#### 5.4.4. *Enright Forgiveness Inventory (EFI)*

For the purposes of the current study, an offence-specific measure of forgiveness was sought (see Chapter 4, Section 4.1.2.). The study aimed to establish whether giving TRC testimony is associated with survivors’ forgiveness attitudes towards the perpetrator of the human rights violations they had experienced. This study was not concerned with establishing whether giving TRC testimony is associated with survivors’ forgiveness tendencies in their ongoing personal relationships, or with their general predisposition to forgive across offences and relationships. As noted in Chapter 3, there are three offence-specific forgiveness measures whose psychometric properties have been established: the Enright Forgiveness Inventory (EFI; Enright et al., 2000), the Wade Forgiveness Scale (Wade, 1989; Wade Brown, 2001)

and the Transgression-Related Interpersonal Motivations (TRIM) Inventory (McCullough et al., 1998). Of these, the Enright Forgiveness Inventory was selected for use in the current study for several reasons.

Firstly, unlike the other two scales, its psychometric properties have been well established in a number of studies across different cultures (see Chapter 4, Section 4.1.2.). There is therefore substantial evidence to support its use with samples outside of the United States. Secondly, unlike the Wade Forgiveness Scale and the TRIM, the EFI includes a pseudo-forgiveness scale that allows authentic forgiveness to be distinguished from excusing or condoning the offender's behaviour without working through one's feelings of anger and hurt. The EFI therefore has a significant conceptual advantage over the other offence-specific self-report forgiveness scales (Enright and Fitzgibbons, 2000). The Wade Forgiveness Scale was further excluded as a measure of forgiveness in the current study because forgiveness is mentioned in the instructions to respondents, which may bias responses in a socially desirable direction (Enright and Fitzgibbons, 2000). The instructions for the EFI do not mention forgiveness, but rather instruct the respondent to describe their thoughts, feelings and behaviours with regard to a person who has hurt them. The EFI was therefore judged to be the offence-specific forgiveness scale with the best cross-cultural validity and conceptual rigour, and the least potential for bias.

As noted in Chapter 4, the 60-item EFI contains three subscales of 20 items each that assess the domains of affect, behaviour, and cognition toward the offending person. Each of the three domains includes 10 items that assess the presence of positive forgiveness attitudes, and 10 items that assess the absence of negative forgiveness attitudes. Each of the 60 items has a 6-point response format, ranging from "Strongly Disagree" (1) to "Strongly Agree" (6). All negative items are reverse scored. Scores range from 60 to 360, with a high score representing a high level of forgiveness (Enright, Rique & Coyle, 2000). As was also noted in Chapter 4, participants who score 20 or more on the 5-item validity sub-scale, which assesses pseudo-forgiveness (i.e. excusing, condoning or pardoning the offender rather than forgiving them), should be eliminated from the data analysis (Enright et al., 2000).

For the current study, the EFI was adapted slightly. Firstly, two items from the Affect subscale and two from the Cognitive subscale were removed, because, when translated into Xhosa, each of these terms were identical to another item on the sub-scale, and therefore

became redundant. Since the present study is primarily concerned with comparing the total forgiveness scores across groups within the sample, rather than with comparing scores to existing norms, the reduction in the number of items will not limit the analysis in any way. Secondly, the original instruction (to consider the most recent hurt in which a person was unfair to them) was adapted to focus on experiences of human rights violations only. Since most participants in the present study had experienced multiple human rights violations, participants were asked to think about the perpetrator of the violation that they had identified on the SIHRV as being the *most* traumatic, distressing or difficult, and to respond to the EFI with regard to the perpetrator of that violation. Previous studies indicate that the psychometric properties of the EFI remain strong even when instructions are modified (see Coyle & Enright, 1997). The exploration of the offence that usually precedes administration of the EFI (in which details of the offence are elicited) was excluded, since such an exploration had already been conducted in the SIHRV administration. A copy of this adapted version of the EFI, in English, can be viewed in Appendix 4.

For the Xhosa version of the EFI used in the present study, internal consistency yielded a Cronbach's alpha of .82, while split-half reliability was .95. These results suggest good internal reliability of the translated version of the EFI for this sample. Furthermore, the three forgiveness subscales were highly correlated. The correlation between affect and cognition was .79 ( $p < .0001$ ), the correlation between affect and behaviour was .86 ( $p < .0001$ ) and the correlation between cognition and behaviour was .82 ( $p < .0001$ ). The correlation between the total forgiveness score and the single-item measure of forgiveness was .66 ( $p < .0001$ ). This is within the range cited in previous studies of the construct validity of the EFI. In the current study, no participants scored 20 or above on the pseudo-forgiveness scale, indicating that the final score was a valid indicator of authentic forgiveness attitudes for all participants (Enright, Rique & Coyle, 2000).

### 5.5. Procedure

Administration of the study began in October 1999 (two years and three months after the last public victim hearing in the Western Cape), and was completed in December 1999. Interviews were administered by two black African research assistants who speak both English and Xhosa fluently. One is a psychiatric nurse with over twenty years of clinical experience; the other is a research psychologist. Both research assistants received training in

the use of all the questionnaires. Both had extensive experience in administering diagnostic interviews for research purposes, and received additional training in the use of the MINI. An initial pilot study with six participants (each research assistant administered questionnaires to three participants) yielded several minor queries or difficulties in the administration process. The research assistants discussed these with the researcher, and appropriate guidelines were developed. Administration of the questionnaires to participants was conducted in a room in a community centre centrally located in each of the areas from which the sample was drawn. These venues provided the privacy and neutrality that may have been lacking in participants' homes or in the institutional atmosphere of the research organisation.

Before administering the instruments, written informed consent was obtained from each participant (see Appendix 5 for an English version of the consent form). Due to the possibility of illiteracy in the sample, this form was read aloud to the participant by the research assistant. Those participants who were literate read from their own copy along with the research assistant. Once consent was granted both verbally and in writing (the few participants who could not write their names used a cross instead), participants were asked whether they would prefer the interview to be conducted in Xhosa or in English; all chose Xhosa. Instruments were administered in the following order: demographic questionnaire, SIHRV, MINI and EFI.

At the end of the administration, participants who met diagnostic criteria for a psychiatric disorder according to the MINI were offered a variety of referral options, including both medication and psychotherapy. For those who chose to follow through on this advice, the research assistant provided a referral letter. The possession of a referral letter from a registered mental health professional can often facilitate access to over-subscribed state psychiatric clinics and psychotherapeutic services in South Africa, particularly for patients who have been historically disempowered. Participants were also informed that they may experience some sadness, distress or anger in the days following the interview, due to the re-emergence of traumatic material; should this become unbearable, or continue for more than a few days, they should contact the research assistant, who would then make a referral where appropriate.

## 5.6. Ethical Considerations

The research protocol was approved by the ethics committee of the institution to which the researcher was affiliated. Since traumatic experiences are a particularly sensitive area of research, and research with populations who have occupied a disempowered position in society raises further ethical dilemmas, the development of an ethical research protocol was of great concern in the present study. Issues of consent, confidentiality and retraumatisation are discussed below.

### 5.6.1. Consent

The consent form (see Appendix 5), provided to participants in Xhosa, addressed ethical concerns regarding informed consent, voluntary participation, and confidentiality. The form stipulated the content and approximate length of the interviews, the expected risks and benefits, a guarantee of confidentiality, and permission to withdraw from the interview at any time. Participants were required to sign the consent form before the administration commenced. No participant declined to sign the consent form.

The historically disempowered societal position of this research sample raises critical issues regarding the value and meaning of consent. Firstly, power relations between researchers (representing well-resourced and influential institutions) and socio-economically disadvantaged participants, or between researchers and participants who have been victims of abuse, cannot be considered equitable (Castor-Lewis, 1988; Draucker, 1999). In South Africa, this disparity is compounded by a history of political oppression, in which the basic human rights of black African citizens were systematically de-legitimised. To what extent can participants from this population feel empowered to refuse to participate in research conducted by those who represent institutions of authority, such as universities? To what extent can such participants truly believe they have the right to refuse? This difficulty is further compounded when, as the result of experiences of detention, torture and other forms of severe abuse by institutions of authority, participants may also feel afraid to refuse cooperation with authority figures. Although the current study followed established guidelines for obtaining informed consent from participants, it is acknowledged that in some ways the research process may have unwittingly served to perpetuate the disempowerment of participants.

### 5.6.2 Confidentiality

While ensuring participant confidentiality is an important ethical principle in many areas of research, this was of particular concern for participants in the current study. Based on their past experiences of violation and exploitation by the apartheid government, police, security forces and, indeed, all institutions in South African society that participated in and reproduced apartheid practices, many participants continued to harbour deep suspicion of institutions and authorities, and wanted assurance that the information revealed during the research process would not be used against them in any way.

Confidentiality of participants was protected by placing only a participant number on the cover of each questionnaire. Participants' names did not appear on any of the questionnaires. Furthermore, due to the possibility that participants could be identified on the basis of their responses to the questionnaires (e.g. detailed history of violations), questionnaires were stored in a secure place to which only the researcher and research assistants had access.

### 5.6.3 *Minimising Risk for Harm and Maximising Potential for Benefit*

The general ethical principle of nonmaleficence (do no harm) was of particular concern in this study, given the potential emotional distress that might result from describing past traumatic experiences (Draucker, 1999; DuMont & Stermac, 1996; Templeton, 1993). As noted above, the consent form informed participants that their experiences of human rights abuses were the subject of the research questions, and that their participation might elicit feelings of distress. However, trauma survivors may not be able to adequately predict the degree of distress that their participation will cause, and in this sense may not be able to give fully informed consent (Templeton, 1993). In the current study, while many participants became tearful or upset while talking about their traumatic experiences during the interviews, at the end of the administration many of these participants expressed their gratitude to the research assistants for giving them the space to talk about their feelings, and described a sense of emotional release and relief. This is in line with consistent research findings that trauma survivors who are negatively affected by participating in trauma-related research are in the minority (see review by Griffin, Resick, Waldrop & Mechanic, 2003).



Of course, not all participants may have derived a sense of emotional relief from sharing their story of violation with a research assistant. The post-administration debriefing and referral procedure (see Section 5.5. above) aimed to offer some form of follow-up for participants who became distressed by the research process. Furthermore, the referral advice and referral letters received from the research assistant often facilitated access to intervention for participants who had suffered from psychiatric symptoms, untreated, for many years.

Furthermore, as recommended by Marsella (2001) for research with torture survivors, in the present study the use of research assistants who were ethnically and linguistically similar to participants, and the use of a familiar community location rather than the formality of a university or clinic setting, aimed to enhance the establishment of trust with participants, and to minimise any experience of disempowerment or retraumatisation.

### **5.7. Chapter Summary**

This chapter has identified the following specific research aims of the current study: to establish whether there are statistically significant differences in psychiatric status and forgiveness attitudes between survivors of human rights abuses who gave public TRC testimony, private TRC testimony and no TRC testimony, and to explore whether the relationship between TRC testimony and outcomes is moderated by demographic and violation variables.

The nature of the research design has been discussed, and the limitations of this design have been noted. Sampling issues with survivors of human rights abuses in general, and with survivors who gave testimony to the TRC is particular, have been considered, and the way in which the sample was recruited has been described. The instruments and procedures used for collecting data have been delineated. Finally, the ethical issues raised by conducting research with a population that has been disempowered on many levels have been considered, and attempts to address these issues within the current study have been described.

The next two chapters present the process of data analysis, and the findings yielded by the analysis. As will be illustrated, the data analysis included two phases, with the second phase emerging out of the results of the first phase. Chapter 6 presents the findings from the first phase of the data analysis, while Chapter 7 presents the findings from the second phase.

**Notes:**

1. Although the TRC categorised political detention as an associated violation, in the current study it is considered separately from the other associated violations, as extended detention without trial was the method of oppression used most prolifically by the apartheid regime (Coleman, 1998; Truth and Reconciliation Commission, 1998, vol. 5). Furthermore, as a prolonged stressor it presents different challenges to psychological health than do acute stressors such as the other associated violations, both for those who are themselves detained and for the family members of those who are detained for long periods without trial.
2. The associated violations other than detention were too many to each be assessed individually. Damage to property was selected for inclusion in the study as it was extremely common during the apartheid years in the communities from which the sample was drawn, particularly in the form of arson attacks on homes (Truth and Reconciliation Commission, 1998, vol. 3).

## CHAPTER 6

### RESULTS I

This chapter presents the results of the statistical procedures that were used to address the two aims of the study: 1) to establish whether there are statistically significant differences in the frequency of psychiatric diagnoses, and the mean levels of forgiveness towards perpetrators, between survivors of human rights violations who gave public TRC testimony, a private statement, or no statement/testimony, and 2) to explore whether the relationship between form of testimony and the dependent variables is moderated by demographic and violation variables.

The presentation of results begins with some general notes on the approach to Type I errors, missing data and statistical power. Thereafter, descriptive statistics for the sample under study are provided. The relationship between testimony group and psychiatric outcomes is then examined through chi-square and log-linear procedures, followed by an analysis of the relationship between testimony group and forgiveness attitudes through ANOVA and regression analysis. All analyses were conducted using the Statistica computer program (Statsoft, Inc., 2002), except for the analysis of lambdas and  $z$  scores in the log-linear analysis, which utilised the OCTA computer program (Dallal, 1987).

#### 6.1. General Notes

Since this is an exploratory study in a new area of research, at several points a series of tests were conducted on the same set of data in order to identify potentially interesting relationships. However, this increases the probability of Type I errors (Howell, 1992; Wickens, 1989). The Type I error rate is commonly controlled for by the use of the Bonferroni correction, where the alpha value (usually .05) is divided by the number of significance tests in order to establish a significance level (Howell, 1992; Wickens, 1989). The Bonferroni correction is, however, acknowledged to be extremely conservative (Howell, 1992). Abelson (1995) recommends that researchers should strive for a middle ground between approaches that are overly liberal and those that are overly conservative. Thus, while mindful of the increased risk of Type I errors in exploratory studies such as this, the Bonferroni correction will not be strictly applied here. Rather, where a series of tests were

conducted on the same data, the exact  $p$  values will be reported. While greater consideration will be given to those results that are statistically significant according to the Bonferroni correction, those with a lower significance value will also be cautiously interpreted in order not to discard potentially interesting information.

The only missing data in the dataset was the absence of a measure of religiousness for five participants (these were the first five participants interviewed and, at that stage, a measure of religiousness had not been decided upon). Case-wise deletion of missing data was selected for those analyses involving the variable religiousness.

At points in the following analyses, cross-group comparisons entailed the division of the total sample into three smaller samples (with  $ns$  of 21, 43 and 70, respectively), with a resulting decrease in statistical power (Howell, 1992). Where possible, attempts were made to address this, as will be illustrated. However, in general, results should be interpreted in light of the limitations implied by the small sample sizes.

## **6.2. Descriptive Statistics**

The TRC profile of the sample is first described. Thereafter, the demographic and violation variables for the total sample, and for each testimony group, are reported here in order to fully describe the sample under study, to establish the degree to which it can be said to be representative of the broader population of TRC deponents, and to provide a basis for comparison with samples that may be used in future studies of the psychological impact of truth commissions. Descriptive statistics for the outcome variables (psychiatric diagnoses and forgiveness) are also provided. Finally, in this section, the frequency of previous interventions for difficulties related to experiences of human rights violations, which could account for differences between the groups on each of the outcome variables, is reported.

### *6.2.1. TRC Profile of the Sample*

With regard to type of TRC testimony, the sample included the following:

1) Twenty-one survivors of human rights violations who had given a private statement and had then testified at a public hearing of the TRC. This group includes approximately 8% of all deponents who testified at public hearings in the Western Cape.

- 2) Seventy survivors who had given a private statement to a TRC statement-taker but had not given public testimony.
- 3) Forty-three survivors who did not give a private statement or public testimony.

For all participants who gave testimony, there was a two to three year gap between giving a private or public statement to the TRC and participation in this study. The 43 participants who did not give testimony volunteered the following reasons: 70% said they did not know about the TRC at the time that testimonies were being taken; 19% said they wanted to give testimony but the TRC did not give them an opportunity to do so; and 11% said that they had not wanted to give testimony to the TRC.

Only two of the participants (1.5% of the total sample) were aware of the occurrence of an amnesty trial for the perpetrators of violations against them. In neither case had the participant attended the amnesty trial or been invited to give testimony there, and neither of these participants knew what the outcome of the amnesty trial had been. None of the participants in the sample had received any reparation payments from the TRC.

#### *6.2.2. Demographic Profile of the Sample*

For each testimony group and for the total sample, frequencies for gender, relationship status, employment status, education status, type of dwelling and religiousness, and means and standard deviations for age, are reported in Table 1.

For the Public and Private groups, the demographic profile of the participants is similar to the broader population of deponents who gave statements to the TRC, both nationally and in the Western Cape (see Chapter 2), in that there were more deponents of female than male gender, and the average age of deponents was above 37 years. In both these groups, but not in the No Testimony group, the majority of participants were not married or in a long-term relationship. The majority of participants in all three groups were unemployed. Tertiary education was rare across the sample, an unsurprising finding given the exclusionary nature of the apartheid education system, and the economic pressures in black communities during the apartheid era that would have resulted in early employment being favoured over prolonged periods of study. All participants reported that they lived in informal dwellings. In all three groups, the

**Table 1.**  
**Demographic descriptive statistics for total sample and each testimony group**

Demographic Variable	Total sample (N=134)	Public group (n = 21)	Private group (n = 70)	No Testimony group (n = 43)
<b>Gender</b>				
Male	62(46%)	9(43%)	24(34%)	29(67%)
Female	72(54%)	12(57%)	46(66%)	14(33%)
<b>Age</b>				
Mean	53 yrs	57 yrs	54 yrs	49 yrs
SD	14.30	14.21	14.76	12.96
Range (in years)	25-86 yrs	29-86 yrs	25-81 yrs	33-79 yrs
<b>Relationship status</b>				
Long-term relationship	57(43%)	8(38%)	24(34%)	25(58%)
No long-term relationship	77(57%)	13(62%)	46(66%)	18(42%)
<b>Employment status</b>				
Employed	32(24%)	8(38%)	13(19%)	11(26%)
Unemployed	102(76%)	13(62%)	57(81%)	32(74%)
<b>Education status</b>				
Primary	64(48%)	6(29%)	35(50%)	23(53%)
Secondary	63(47%)	15(71%)	31(44%)	17(40%)
Tertiary	7(5%)	0(0%)	4(6%)	3(7%)
<b>Type of dwelling</b>				
Formal	0(0%)	0(0%)	0 (0%)	0( 0%)
Informal	134(100%)	21(100%)	70(100%)	43(100%)
<b>Religiousness</b>				
Not at all religious	12(9%)	0(0%)	4(6%)	8(19%)
Quite religious	53(40%)	6(29%)	28(40%)	19(44%)
Very religious	64(48%)	13(62%)	37(53%)	14(33%)
Missing data	5(3%)	2(9%)	1(1%)	2(4%)

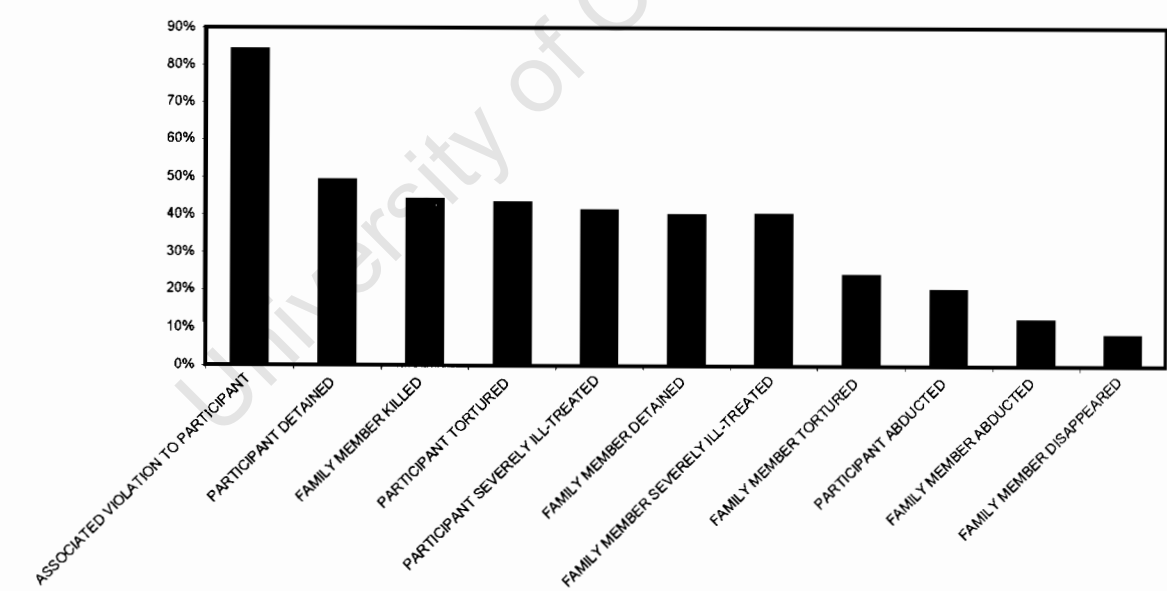
majority of participants described themselves as either quite or very religious, while only 18% of the total sample identified themselves as not at all religious.

6.2.3 Exposure to Human Rights Violations

According to responses to the SIHRV, 89% of the sample had experienced a violation to themselves, while 83% reported that a family member had been violated. The mean number of violations to self reported by the sample was 6.06 (SD = 4.63), while the mean number of violations to family members was 2.44 (SD = 2.50).

The frequency of each type of violation across the total sample is graphically represented in Figure 1. The most commonly reported category of violation in the total sample was an associated violation to the participant, reported by 82%. Detention, torture or severe ill-treatment had been directly experienced by over 40% of the sample; killing, detention and severe ill-treatment of family members had similarly been experienced by over 40% of participants. Less than a quarter of the sample had been abducted themselves or had a family member tortured, while the abduction or disappearance of family members was relatively rare.

**Figure 1.**  
**Percentage of human rights violations for total sample (N=134)**



Frequency of exposure to human rights violations for each testimony group is reported in Table 2. Rates of exposure to different violations varied across the three groups, with violations to participants as well as torture of a family member being more common among non-testifiers than testifiers, while killing of a family member was substantially more common among testifiers than non-testifiers.

**Table 2.**  
**Frequency of exposure to human rights violations in each testimony group**

Type of violation	Public group ( <i>n</i> = 21)	Private group ( <i>n</i> = 70)	No Testimony group ( <i>n</i> = 43)
Detention of participant	10 (48%)	27 (39%)	28 (65%)
Torture of participant	8 (38%)	21 (30%)	28 (65%)
Abduction of participant	3 (14%)	10 (14%)	14 (33%)
Severe ill-treatment of participant	6 (29%)	26 (37%)	23 (53%)
Associated violation of participant	16 (76%)	55 (79%)	39 (91%)
Killing of family member	14 (67%)	36 (51%)	9 (21%)
Detention of family member	8 (38%)	29 (41%)	16 (37%)
Torture of family member	3 (14%)	17 (24%)	12 (28%)
Abduction of family member	0 ( 0%)	13 (19%)	4 ( 9%)
Disappearance of family member	1 ( 5%)	10 (14%)	0 ( 0%)
Severe ill-treatment of family member	3 (14%)	32 (46%)	18 (42%)

6.2.4. Psychiatric Diagnoses

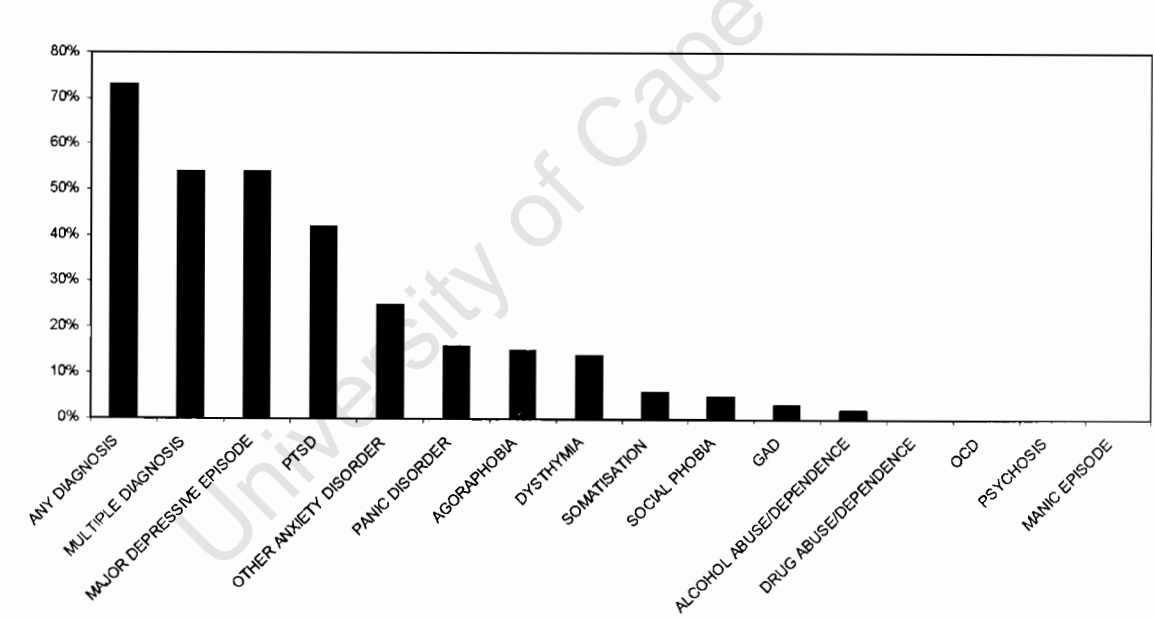
The percentage of the sample that met the criteria for each MINI diagnoses is reported in Figure 2 below. Of the total sample, 73% had a current MINI diagnosis, and there was a high rate (54%) of multiple diagnoses (that is, more than one diagnosis) in the sample. The most frequent diagnosis was depression (54%; *n*=73), followed by PTSD (42%; *n*=56). These rates are well above those reported for the general population in epidemiological studies in the



United States (Kessler et al., 1994, 1995), but consistent with those reported in previous studies of survivors of human rights abuses (see Chapter 3). It is notable that all of the participants who met the MINI criteria for PTSD reported that the content of the intrusive experiences (memories, images, nightmares and flashbacks) was a human rights violation.

In this sample, 25% ( $n=34$ ) had an anxiety disorder other than PTSD. Panic disorder and agoraphobia were most common, while there were only a few cases of social phobia and generalised anxiety disorder (GAD), and no cases of obsessive-compulsive disorder (OCD). The next most common disorder was dysthymia, representing only 14% ( $n=19$ ) of the total sample, and incidences of the remaining disorders were few. In order to ensure adequate sample sizes, all subsequent analyses of psychiatric outcomes will be restricted to the most common MINI diagnoses in the sample: depression, PTSD and ‘anxiety disorders’ (constituting panic disorder, agoraphobia, social phobia and GAD combined into a single category). In Section 6.3., the frequency of these diagnoses in each testimony group, and tests for statistical significance, are reported.

**Figure 2.**  
**Percentage of MINI diagnoses for total sample ( $N=134$ )**



Almost all participants who met the diagnostic criteria for any disorder struggled to date the year of onset of their symptoms and, therefore, patterns of onset cannot be confidently reported. In most cases, participants reported that their symptoms had been ongoing for many years, usually since the mid-1980s [the period when levels of political violence in the Western Cape were at their highest (Truth and Reconciliation Commission, 1998, vol. 3)].

#### *6.2.5. Forgiveness*

The mean EFI score for the total sample was 149.51 (SD=85.52). Although the central concern of the current study is to compare EFI scores across the three testimony groups, a brief comparison between the mean EFI score for the total sample and the EFI norms is provided here. Normative data for the EFI are available for high school students, college students and adults (Enright et al, 2000). The adult norm group was deemed the most relevant comparison group for the sample used in the current study. Although four items from the original EFI were removed from the Xhosa version used in this study, it is still notable that the mean score for the current sample lies below the twentieth percentile for American, Austrian, Brazilian and Israeli adult norm groups for the EFI (Enright et al., 2000), indicating an unforgiving attitude in this sample when compared with the norm groups. Given that these norm groups were not drawn from populations of survivors of human rights violations or other forms of interpersonal violence, and were drawn from different cultural contexts to that of the current sample, it may be argued that this comparison is not particularly relevant. However, since there are not yet any published studies using the final version of the EFI with samples that have experienced some form of interpersonal violence, or with South African samples, more relevant comparison groups are currently unavailable. In Section 6.4.1., mean forgiveness scores in the three groups, and tests for statistical significance, are reported.

#### *6.2.6. Treatment History*

No participants were currently receiving psychotherapy and none had attended either individual or group psychotherapy in the past. Although all of the Public testifiers had been referred by the TRC to a counselling centre for survivors of political violence after their testimony, only three had actually visited the centre. In each case, there was only one visit, and this involved information-gathering about the service, rather than counselling: once the testifiers established that the centre could not assist them with applications for monetary

reparations, they left and did not return. No participants had been prescribed psychiatric medication, although many (thirteen in the No Testimony group, twenty three in the Private group, and four in the Public group) reported that their general practitioner had prescribed them sleeping tablets for insomnia. None of the participants reported seeking help from indigenous healers for the difficulties that they reported in the MINI, although several (three in the No Testimony group, nine in the Private group, and two in the Public group) had visited such healers in order to address physical illnesses or difficulties in social relationships.

6.3. Difference in Psychiatric Status Between Testimony Groups

The association between testimony group and the frequency of the three most common psychiatric outcomes was analysed using Pearson’s chi-square test. Results are reported below for PTSD, depression and anxiety disorders, respectively.

6.3.1. PTSD

Table 3 reports the frequency of PTSD across the three testimony groups.

Table 3.  
Frequency table for PTSD x Testimony group

Diagnostic status	Testimony group		
	Public (n = 21)	Private (n = 70)	No Testimony (n = 43)
No PTSD	16 (76%)	37 (53%)	25 (58%)
PTSD	5 (24%)	33 (47%)	18 (42%)
Total	21	70	43

Although examination of the contingency table indicates that the rate of PTSD in the Public group (24%) is substantially lower than that in the Private (47%) and No Testimony (42%)

groups, there was no statistically significant association between testimony group and PTSD ( $\chi^2=3.62$ ,  $df=2$ ,  $p=.16$ ). The possibility that the lower rate of PTSD in the Public group may be due to random chance, cannot therefore be excluded.

6.3.2. Depression

The frequency of depression across the three testimony groups is reported in Table 4.

**Table 4.**  
**Frequency table for Depression x Testimony group**

Diagnostic status	Testimony group		
	Public ( <i>n</i> = 21)	Private ( <i>n</i> = 70)	No Testimony ( <i>n</i> = 43)
No Depression	12 (57%)	29 (41%)	20 (47%)
Depression	9 (43%)	41 (59%)	23 (53%)
Total	21	70	43

No statistically significant association was found between TRC testimony and depression ( $\chi^2=1.60$ ,  $df=2$ ,  $p=.45$ ). This indicates that rates of depression between participants in the three testimony groups did not differ at a statistically significant level.

6.3.3. Anxiety

The frequency of anxiety disorders other than PTSD across the three testimony groups is reported in Table 5.

**Table 5.**  
**Frequency table for Anxiety Disorders x Testimony group**

Diagnostic status	Testimony group		
	Public ( <i>n</i> = 21)	Private ( <i>n</i> = 70)	No Testimony ( <i>n</i> = 43)
No Anxiety Disorder	17 (81%)	48 (69%)	35 (81%)
Anxiety Disorder	4 (19%)	22 (31%)	8 (19%)
Total	21	70	43

Again, no statistically significant association was found between TRC testimony and anxiety disorders ( $\chi^2=2.84$ ,  $df=2$ ,  $p=.24$ ), indicating that rates of anxiety disorders other than PTSD were similar across participants in the three testimony groups.

6.3.4. Summary

These results indicate that type of TRC testimony has no association with current rates of depression, PTSD and other anxiety disorders in the sample. This finding may be interpreted in three ways. First, it may suggest that, contrary to the claims of the TRC, the process of giving either private or public TRC testimony did not facilitate an improvement in psychiatric status and, contrary to the claims of some TRC observers, neither did it result in a worsening of psychiatric symptoms. Second, given the period of time between giving testimony and participating in the study, it is possible that any short-term improvements or deterioration in post-testimony psychiatric status may have been eroded over time. The findings therefore may only indicate that giving TRC testimony is not associated with lower or higher rates of psychiatric disorder in the long-term. However, a third interpretation is that these non-significant results arise from the lack of statistical power implied by the relatively small sample size, and that a larger sample may have yielded statistically significant effects. The

non-significant findings regarding the relationship between TRC testimony and psychiatric status should therefore be interpreted within the limitations of the research design.

### 6.3.5. *Exploration of Possible Moderating Variables*

The next level of analysis aimed to examine the possibility that, while there may be no statistically significant association between form of testimony and psychiatric diagnosis for the three groups on average, there may be such an association for particular participants. This analysis therefore explored whether the three psychiatric outcomes are associated with conjunctive effects between testimony and other variables. Log-linear analysis is widely considered to be a valuable technique for exploring interactions between multiple qualitative or categorical variables (Howell, 1992; Kennedy, 1983; Tabachnick and Fidell, 1989; Wickens, 1989). While logistic regression may also be used to explore the relationship between categorical independent variables and a categorical dependent variable, Howell (1992) notes that logistic regression analysis “*makes no attempt to account for the relations among independent variables, whereas log-linear models do*” (p. 578). Log-linear analysis was therefore selected to explore the nature of the interactions between the type of testimony, violation and demographic variables, and the presence or absence of psychiatric disorder. Developed by Leo Goodman in the 1960s (refer to Goodman, 1978, for his fullest exposition of this method), log-linear analysis is a multi-variate extension of chi-square that allows research participants to be classified on three or more categorical or qualitative dimensions simultaneously, in a multi-way frequency table. Although developed several decades ago, log-linear analysis is still a ‘young’ technique relative to the traditional statistical methods utilised elsewhere in this study, and thus may not be familiar to a wide audience within the social sciences. The method of log-linear analysis is therefore described below, as are strategies for ensuring that the assumptions of log-linear analysis were met. This discussion is followed by the results of the log-linear analysis.

#### 6.3.5.1. *The Method of Log-linear Analysis*

To begin with, it is important to note that log-linear analysis treats dependent and independent variables alike (i.e. one does not have to specify, for the purposes of analysis, which variable is the dependent one). However, in the interpretation of log-linear models, one variable can be interpreted as the *response variable* (dependent variable) and the others as

*design variables* (independent variables) (Howell, 1992). For the current analysis, the response variables are the three psychiatric diagnoses, while the design variables are testimony group and each of the demographic and violation moderating variables identified in Chapter 5 (Section 5.2.1.3.).

Log-linear analysis proceeds through the following steps (Howell, 1992; Kennedy, 1983; Wickens, 1989). Once research participants have been cross-classified within the frequency table (in this case, a three-way table) according to the variables of interest, a series of models are specified which may explain the data. For each model, expected cell frequencies are generated for the table, and the expected frequencies are then compared with the observed frequencies for goodness-of-fit, using the likelihood-ratio  $L^2$  statistic. Significant deviations of the observed frequencies from the expected frequencies, as indicated by a significant  $L^2$ , indicate that the model does *not* fit the obtained data well and that additional terms need to be incorporated into the model. Where the expected frequencies for a particular model are *not* significantly different from the observed frequencies, as indicated by a non-significant  $L^2$ , this indicates that the model provides a good fit with the observed data. The .05 level of significance was adopted in the current study in order to evaluate goodness-of-fit. It is recognised that the magnitude of the  $L^2$  statistic, and thus its  $p$ -value, is a function of sample size, and that very large or very small sample sizes can increase or decrease, respectively, the probability that a model will be rejected (Kennedy, 1983). However, unlike some other areas of analysis, in the log-linear analysis of three-way tables there is no widely accepted mechanism for establishing the alpha level that is appropriate for a particular sample size (Kennedy, 1983). While the log-linear analysis in this study follows the conventional use of the .05 alpha level in many texts on log-linear analysis (Howell, 1992; Kennedy, 1983; Wickens, 1989), inferences regarding model fit should be drawn with some caution.

Of all the models specified and tested for independence, several may provide an adequate fit with the observed data (that is, their  $L^2$  values are above  $p = .05$ ). However, only the most parsimonious of these models (i.e. that which adequately explains the existing data in the simplest terms) is then selected as the optimal model. Thus, while several models may represent an adequate fit, only the least complex of these models (the one that contains the fewest terms) should be selected (Howell, 1992; Kennedy, 1983). In this regard, it is important to note that log-linear models are hierarchical. Thus, the presence of an interaction term requires the presence of all lower-order interaction terms and main effects. For example,

a model that includes the two-way interaction term AB also includes the main effects for A and the main effects for B. A model that includes the three-way interaction term ABC (also known as the saturated model) includes the main effects for A, B and C as well as the two-way interactions of AB, BC and AC, and the three-way ABC interaction (Howell, 1992). For the current study, in order to explore the relationship between testimony and psychiatric diagnosis when factoring in other moderating variables, only those models that require the three-way (ABC) interaction to adequately explain the data, are of interest. In such cases, any *less* parsimonious models will not adequately explain the data, and the ABC model (including all main effects and two-way interactions as well) must be accepted and interpreted (Kennedy, 1983).

Given the large number of three-way tables to be analysed here (11 for the response variables PTSD and Depression, and 10 for the response variable Anxiety), the automatic model fitting option in Statistica was used to facilitate the search for a model that best fits the data in each three-way table. The general logic of the automatic model fitting algorithm in Statistica is as follows. First, a model with no interactions between the factors is fitted. If this model does not fit (in other words, the  $L^2$  statistic is significant), then a model with all two-way interactions will be fitted. If that model does not fit either, then Statistica will fit all three-way interactions. However, if the model fitting process finds that the model with all two-way interactions fits the data well (i.e. the  $L^2$  statistic is not significant), the program will then proceed to eliminate, in a stepwise fashion, all two-way interactions that are not statistically significant at the .05 level. The resulting model will be the one that includes the least number of interactions necessary to fit the observed table (Statsoft, 2002).

If the three-way interaction (i.e. the saturated model ABC) is necessary in order to adequately explain the data, the contribution of the three-way interaction is evaluated through a model-comparison approach, by comparing the saturated model to the next most parsimonious model (that which contains all the two-way interactions) (Howell, 1992; Kennedy, 1983). The significance of the contribution of the three-way interaction is derived by subtracting the  $L^2$  of the saturated model (which is always 0.00) from the  $L^2$  of the next most parsimonious model (in other words, the model including all the two-way interactions but excluding the three-way interaction), subtracting the degrees of freedom of the saturated model (which is always 0 degrees of freedom) from the degrees of freedom of the model including all the two-way interactions, and then using the critical values of the chi-square distribution to evaluate



the significance of the residual  $L^2$  relative to the residual degrees of freedom (Howell, 1992). Since both the  $L^2$  and the degrees of freedom for the saturated model are always 0, it follows that the  $p$  value for the contribution of the saturated model will always be the  $p$  value for the  $L^2$  of the model containing all two-way interactions. If the residual  $L^2$  is statistically significant, this suggests that important information is lost when the three-way interaction is excluded. Parameter estimates (known as lambda effects) are then calculated to interpret the direction and magnitude of associations in the ABC model (Howell, 1992; Kennedy, 1983). Finally, the lambdas are divided by their standard errors to compute a  $z$  score.  $Z$  scores are used to establish which effects in the three-way table are statistically significant, with scores above 1.96 or below  $-1.96$  (the .05 normal deviate values) reaching significance (Howell, 1992; Kennedy, 1983).

#### 6.3.5.2. Assumptions of Log-linear Analysis

Other than assuming (like Pearson's chi-square) that the observations are independent, log-linear analysis is relatively free of assumptions (Howell, 1992). However, Howell (1992) cautions that the presence of small expected frequencies can undermine the assumption that the frequencies in each cell would be normally distributed over repeated sampling. Both Howell (1992) and Kennedy (1983) recommend that the rule-of-thumb applied in Pearson's chi square, whereby most (that is, at least eighty percent) of the expected frequencies should be at least five, should also be applied in log-linear analysis. Where this assumption is violated, low levels of power are implied (Howell, 1992). Due particularly to the small size of the Public group, several of the three-way frequency tables proposed for the log-linear analysis violated this requirement. In each of these cases, an attempt was made to increase the cell counts by combining the Public and Private testimony groups. This allowed for a comparison of rates of psychiatric disorder between participants who gave some form of TRC testimony and those who gave no TRC testimony, although it did not allow for a comparison between Public and Private testifiers. In the case of a few moderating variables, however, small cell counts remained even after combining the Public and Private groups. These variables were therefore excluded from the analysis. In each of the log-linear analyses that are reported below, the design variables that were combined or excluded will be noted.

### 6.3.5.3. A Note on Reading Tables of Results

In examining the tables of results, the following should be noted. Firstly, in the ‘Best fit model’ column, the best fit model is displayed, along with the  $L^2$  value and its  $p$  value. As explained above, a log-linear model with a non-significant  $p$  value (i.e. a  $p$  value that is *above* .05) indicates a good fit with the data. Secondly, the notations in the ‘Best fit model’ column should be interpreted as follows: ‘1’ or ‘2’ or ‘3’ indicates that the best model for the data includes the main effect for variable 1 or 2 or 3, respectively; the notation ‘1, 2’, ‘1, 3’ or ‘2, 3’ indicates that the best model for the data includes the main effect for both variables; the notation ‘12’, ‘13’ or ‘23’ indicates that the best model for the data includes the main effects for both variables as well as the two-way interaction between them; and the notation ‘123’ indicates that the best model for the data should include the three-way interaction between variables 1, 2 and 3 (which, as explained above, also includes the main effects for all three variables, and all two-way interactions between them). Thirdly, for the purposes of the current analysis, it is only three-way interactions between testimony group, diagnosis, and moderating variables that are of interest; where a three-way table does not require the three-way interaction term to provide a good fit with the data, the best fit model will not be interpreted further. Where the ‘Best fit model’ column indicates that the saturated model (that is, the model 123) is the best model (in other words, the three-way interaction is needed in order to adequately explain the data), the contribution of the three-way interaction is indicated in the next column. Here, as explained previously, the  $L^2$  value was derived by subtracting the  $L^2$  of the saturated model (which is always 0.00) from the  $L^2$  of the next most parsimonious model (i.e. the model including all the two-way interactions but excluding the three-way interaction), subtracting the degrees of freedom of the saturated model (which is always 0 degrees of freedom) from the degrees of freedom of the model including all the two-way interactions, and then calculating the  $p$  value for this  $L^2$  value at the specified degrees of freedom (again, since both the  $L^2$  and the degrees of freedom for the saturated model are always 0, the  $p$  value for the contribution of the saturated model will always be the  $p$  value for the  $L^2$  of the model containing all two-way interactions). Here the  $p$  value is used in the traditional way, with a  $p$  value that is less than .05 indicating a statistically significant contribution by the three-way model.

6.3.5.4. PTSD

The results of the log-linear analysis for the response variable PTSD are reported in Table 6 for the violation design variables and Table 7 for the demographic design variables. In the case of two violation design variables, and for the demographic response variable Employment Status, the Public and Private testimony groups were combined to ensure adequate expected frequencies in the three way table (this is indicated by an asterix in the tables). Three violation design variables (Associated Violation to Participant, Family Member Abducted and Family Member Disappeared) were excluded from the analysis as expected frequencies were below five in twenty percent of the cells even when the two testimony groups were combined.

The results displayed in Table 6 indicate that, in the case of Participant Severely Ill-treated, the inclusion of a three-way interaction with Testimony and PTSD is necessary to explain the data in the three-way table. For each of the remaining violation design variables, the best fit model appears to contain only main effects for testimony group and exposure to the violation, or a two-way interaction between testimony group and exposure to the violation. For these violation design variables, we are therefore unable for the moment to accept that a three-way interaction is necessary in order to explain the data. These results suggest that the experience of being severely ill-treated is the only violation variable that may moderate the relationship between type of testimony and PTSD.

The results displayed in Table 7 indicate that when Relationship Status is considered as a design variable, inclusion of a three-way interaction with testimony and PTSD is necessary in order to adequately explain the data. However, when Sex of the participant is considered as a design variable, the best fit model contains only a two-way interaction between Sex and Testimony, and when Employment Status is considered as a design variable, the best fit model contains only main effects for Employment Status and for Testimony. Again, for these two design variables, we are for the moment unable to accept that a three-way interaction is necessary in order to explain the data. These results suggest that the lack of association between testimony and PTSD holds across gender and employment status, but that relationship status may moderate the association between type of testimony and PTSD.

**Table 6.**  
**Log-linear analysis of association between testimony, PTSD and type of human rights violation (N = 134)**

TYPE OF HUMAN RIGHTS VIOLATION	BEST FIT MODEL Testimony (1) Type of violation (2) PTSD (3)	CONTRIBUTION OF THREE-WAY INTERACTION (WHERE APPLICABLE)
Participant detained	$L^2=10.53$ , df=6, p=.10 Best model: 12	
Participant tortured	$L^2=8.46$ , df=6, p=.21 Best model: 12	
Participant abducted*	$L^2=9.77$ , df=4, p=.08 Best model: 1, 2	
Participant severely ill-treated	Best model: 123	$L^2=7.08$ , df=6, p=.03 <sup>+</sup>
Family member killed	$L^2=12.41$ , df=6, p=.053 Best model: 12	
Family member detained	$L^2=7.21$ , df=6, p=.51 Best model: 1, 2	
Family member tortured*	$L^2=4.28$ , df=4, p=.51 Best model: 1, 2	
Family member severely ill-treated	$L^2=9.12$ , df= 6, p=.17 Best model: 12	

\* For the variable Testimony, the Public and Private groups were combined, and compared with the No Testimony group.

<sup>+</sup> The contribution of the three-way interaction is derived by subtracting its  $L^2$  and degrees of freedom from those of the model including all two-way interactions. Since both the  $L^2$  and the degrees of freedom for the saturated model are always 0, the p value for the contribution of the saturated model will always be the p value for the  $L^2$  of the model containing all two-way interactions.

**Table 7.**  
**Log-linear analysis of association between testimony, PTSD and demographic variables**  
**(N = 134)**

DEMOGRAPHIC VARIABLE	BEST FIT MODEL Testimony (1) Demographic variable (2) PTSD (3)	CONTRIBUTION OF THREE-WAY INTERACTION (WHERE APPLICABLE)
Sex	$L^2=12.16$ , df = 6, p=.06 Best model: 12	
Relationship status	Best model: 123	$L^2=6.43$ , df = 6, p=.04 <sup>+</sup>
Employment status*	$L^2=6.49$ , df = 5, p=.26 Best model: 1, 2	

\* For the variable Testimony, the Public and Private groups were combined, and compared with the No Testimony group.

<sup>+</sup> The contribution of the three-way interaction is derived by subtracting its  $L^2$  and degrees of freedom from those of the model including all two-way interactions. Since both the  $L^2$  and the degrees of freedom for the saturated model are always 0, the p value for the contribution of the saturated model will always be the p value for the  $L^2$  of the model containing all two-way interactions.

In the case of both Participant Severely Ill-treated and Relationship Status, the contribution of the three-way interaction term is significant at the  $p<.05$  level. Since a total of eleven different human rights violations and demographic design variables were considered in the log-linear analysis for the response variable of PTSD, for an alpha value of .05 the Bonferroni correction for this series of tests would be .005. There is therefore a possibility that the statistically significant three-way interactions are the result of Type I error. Bearing this possibility in mind, the strength and direction of these three-way interactions are reported in Table 8 for Participant Severely Ill- treated, and Table 9 for Relationship Status.

**Table 8.**  
**Observed frequencies, lambdas and tests on lambdas for the saturated model fitted to Testimony x PTSD x Severely Ill-treated**

Testimony	Not severely ill-treated			Severely ill-treated		
	Observed Frequency	Lambda	z	Observed Frequency	Lambda	z
Public	1	-.58	-2.52	4	.58	2.52
Private	21	.27	1.80	12	-.27	1.80
No Testimony	9	.31	1.94	9	-.31	1.94
Totals	31	.00		25	.00	
Reported for PTSD at the level of "present" (n = 56)						

**Table 9.**  
**Observed frequencies, lambdas and tests on lambdas for the saturated model fitted to Testimony x PTSD x Relationship Status**

Testimony	In a long-term relationship			Not in a long-term relationship		
	Observed frequency	Lambda	z	Observed frequency	Lambda	z
Public	3	.24	1.26	2	-.24	-1.26
Private	7	-.34	-2.43	26	.34	2.43
No Testimony	12	.10	.67	6	-.10	-.67
Totals	22	.00		34	.00	
Reported for PTSD at the level of "present" (n = 56)						

Table 8 indicates that, of the people who have been severely ill-treated, significantly more than expected (as indicated by the  $z$  score of above 1.96) have PTSD in the Public group, while Table 9 indicates that, of all the participants who are not currently in a long-term relationship, significantly more than expected have PTSD in the Private group. Several interpretations of these results are possible, as is always the case when the saturated model is accepted (Kennedy, 1983). With regard to the results in Table 8, these findings may suggest that giving public testimony increases the risk of developing PTSD for those participants who were severely ill-treated, but not for participants who experienced other types of violations; or they may indicate that Public group participants who had been severely ill-treated are more at risk of having PTSD than participants who had been severely ill-treated but gave either private or no testimony to the TRC. Similarly, the results in Table 9 may suggest that giving private testimony to the TRC increases the risk of PTSD for participants who are single but not for other private testifiers; or they may indicate that single participants who gave private testimony are more at risk for PTSD than single participants who gave public or no testimony. Despite the complexity inherent in interpreting these findings, the findings do suggest that particular participants may be at increased risk for PTSD. However, this conclusion should only be cautiously proposed due to the low power resulting from the small size of the Public group (for example, only four Public group deponents had been severely ill-treated and had PTSD, while only two Private group participants were single and had PTSD), coupled with the possibility of a Type I error and of selection biases.

6.3.5.5. *Depression*

The results of the log-linear analysis for the response variable Depression are reported in Table 10 for the violation design variables and Table 11 for the demographic design variables. For two violation variables, and one demographic variable, the Public and Private testimony groups were combined to ensure adequate expected frequencies (again indicated by an asterix in the tables). Family Member Abducted and Family Member Disappeared were excluded from the analysis due to the presence of small expected frequencies even after combining the testimony groups.

**Table 10.**  
**Log-linear analysis of association between testimony, depression and type of human rights violation (N = 134)**

TYPE OF HUMAN RIGHTS VIOLATION	BEST FIT MODEL Testimony (1) Type of violation (2) PTSD (3)	CONTRIBUTION OF THREE-WAY INTERACTION (WHERE APPLICABLE)
Participant detained	$L^2=9.76$ , df = 6, p=.37 Best model: 1	
Participant tortured	$L^2=5.12$ , df = 6, p=.53 Best model: 12	
Participant severely ill-treated	$L^2=8.66$ , df = 6, p=.37 Best model: 1, 2	
Associated violation to participant*	$L^2=5.52$ , df = 4, p=.87 Best model: 1, 2	
Family member killed	$L^2=2.62$ , df = 6, p=.86 Best model: 12	
Family member detained	$L^2=5.02$ , df = 6, p=.76 Best model: 1, 2	
Family member tortured*	$L^2=2.60$ , df = 4, p=.76 Best model: 1, 2	
Family member severely ill-treated	$L^2=2.70$ , df = 6, p=.61 Best model: 12, 23	

\* For the variable Testimony, the Public and Private groups were combined, and compared with the No Testimony group.



**Table 11.**  
**Log-linear analysis of association between testimony, depression and demographic variables (*N* = 134)**

DEMOGRAPHIC VARIABLE	BEST FIT MODEL Testimony (1) Demographic variable (2) Depression (3)	CONTRIBUTION OF THREE-WAY INTERACTION (WHERE APPLICABLE)
Sex	$L^2=4.77$ , $df = 6$ , $p=.57$ Best model: 12	
Relationship status	$L^2=9.99$ , $df = 6$ , $p=.35$ Best model: 1	
Employment status*	$L^2=1.81$ , $df = 4$ , $p=.87$ Best model: 1, 2	

*\* For the variable Testimony, the Public and Private groups were combined, and compared with the No Testimony group.*

The results indicate that, in the case of all the violation and demographic design variables, the inclusion of a three-way interaction with testimony and depression is not necessary to explain the data in the three-way table. In each case, the best fit model contains only main effects for testimony group and / or exposure to the violation, a two-way interaction between testimony group and exposure to the violation, or, in the case of Family Member Severely Ill-treated, the latter interaction together with a separate interaction between exposure to the violation and the presence of PTSD. This indicates that the lack of association between testimony group and depression holds for all participants, regardless of the type of violation to which they have been exposed, and regardless of their gender, relationship status or employment status. However, it is possible that a larger sample may have improved statistical power and yielded some statistically significant three-way interactions.

6.3.5.6. *Anxiety*

The results of the log-linear analysis for the response variable Anxiety are reported in Table 12 for the violation design variables and Table 13 for the demographic design variables.

Since anxiety disorders were less frequent in the sample than were PTSD and depression, in the majority of three-way tables, over 20% of the expected frequencies were less than five, indicating unacceptably low power. It was therefore decided to combine the Public and Private groups for all log-linear analyses for this response variable. In four cases (Abduction of Participant, Associated Violation to Participant, Abduction of Family Member and Disappearance of Family Member), there remained too many low expected frequencies in the three-way table even after this combination. Log-linear analyses were therefore not conducted for these variables.

**Table 12.**  
**Log-linear analysis of association between testimony, anxiety and type of human rights violation (N = 134)**

TYPE OF HUMAN RIGHTS VIOLATION	BEST FIT MODEL Testimony (1) * Type of violation (2) Anxiety (3)	CONTRIBUTION OF THREE-WAY INTERACTION (WHERE APPLICABLE)
Participant detained	$L^2=4.20$ , df = 4, p=.24 Best model: 12, 3	
Participant tortured	$L^2=4.00$ , df = 4, p=.26 Best model: 12, 3	
Participant severely ill-treated	$L^2=5.52$ , df = 4, p=.24 Best model: 1, 2, 3	
Family member killed	$L^2=1.56$ , df = 4, p=.67 Best model: 12, 3	
Family member detained	$L^2=2.40$ , df = 4, p=.66 Best model: 1, 2, 3	
Family member tortured	$L^2=3.42$ , df = 4, p=.49 Best model: 1, 2, 3	
Family member severely ill-treated	$L^2=2.44$ , df = 4, p=.65 Best model: 1, 2, 3	

\* For the variable Testimony, the Public and Private groups were combined, and compared with the No Testimony group on each human rights violation.

**Table 13.**  
**Log-linear analysis of association between testimony, anxiety and demographic variables**  
**(N = 134)**

DEMOGRAPHIC VARIABLE	BEST FIT MODEL Testimony (1)* Demographic variable (2) Anxiety (3)	CONTRIBUTION OF THREE-WAY INTERACTION (WHERE APPLICABLE)
Sex	$L^2=1.57$ , $df = 4$ , $p=.67$ Best model: 12, 3	
Relationship status	$L^2=8.73$ , $df = 4$ , $p=.07$ Best model: 1, 2, 3	
Employment status	$L^2=1.71$ , $df = 4$ , $p=.79$ Best model: 1, 2, 3	

\* For the variable Testimony, the Public and Private groups were combined, and compared with the No Testimony group on each demographic variable.

As with the response variable Depression, we are unable for the moment to accept that a three-way interaction is necessary in order to explain the data for the response variable Anxiety. This suggests that the lack of association between testimony and rates of anxiety holds across all participants, regardless of the type of violation to which they have been exposed, and regardless of their gender, relationship status or employment status. Once again, however, the possibility that statistically significant three-way interactions may have emerged with a larger sample should be considered.

The analysis now turns to the second dependent variable of interest in the current study, forgiveness attitudes.

#### 6.4. Difference in Forgiveness Between Testimony Groups

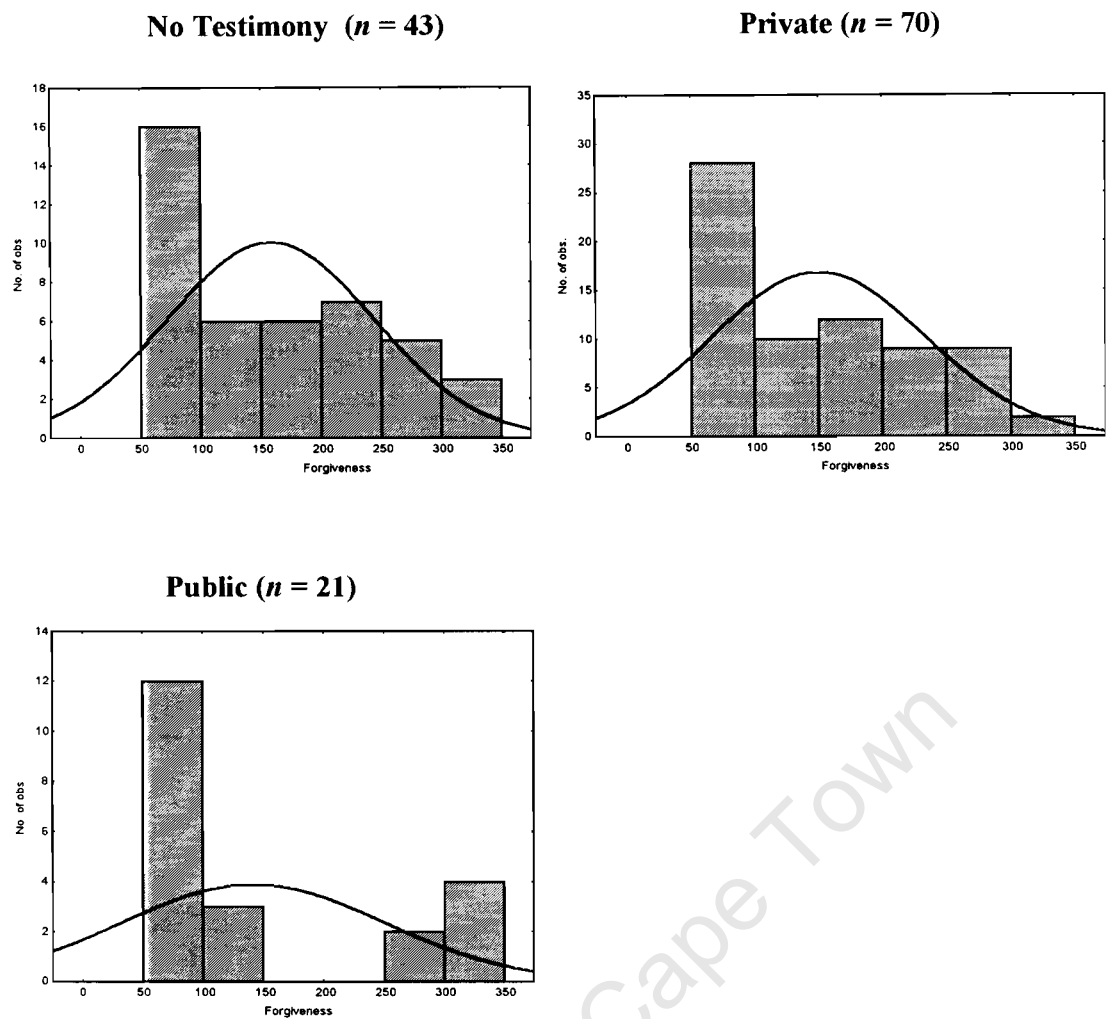
##### 6.4.1. *Difference in Mean Forgiveness Scores*

A one-way ANOVA was used to test differences in mean forgiveness scores between the three testimony groups. Mean EFI scores were 141.67 (SD = 108.46) for the Public group, 150.19 (SD = 83.20) for the Private group, and 158.60 (SD = 85.59) for the No Testimony group.

For the sample as a whole, the forgiveness scores were positively skewed, indicating that the normality assumption for the one-way ANOVA may be violated. The EFI scores were therefore transformed using logarithmic transformation, which is recommended for positively skewed distributions (Howell, 1992; Tabachnick & Fidell, 1989). After this transformation, the EFI scores conformed more closely to the normal distribution. A one-way ANOVA using the transformed forgiveness data indicated that differences in forgiveness among the three testimony groups were not statistically significant ( $F_{2,131}=0.88, p=.42$ ), indicating that for this sample there is no difference in current forgiveness attitudes between participants who gave public, private or no testimony to the TRC. Levene's test indicated that the assumption of homogeneity of variance had not been violated ( $p=.31$ ).

Since mean scores can disguise the presence of extreme scores, histograms of the distribution of forgiveness scores in each testimony group were also examined, in order to identify different patterns of scores across the three groups. This revealed that the Public group showed a distinctly different pattern of forgiveness from the other groups (see Figure 3.). While participants in both the Private and No Testimony groups tended to have a spread of forgiveness scores that is positively skewed, for participants in the Public group the distribution of forgiveness scores had a bimodal appearance. This pattern indicates that Public group participants tend to be either very forgiving or very unforgiving, with no raw EFI scores lying between 150 and 250. It is therefore not surprising that, as reported above, the standard deviation for this group is substantially larger than for the other groups.

**Figure 3.      Histograms of untransformed forgiveness scores for each testimony group**



These findings suggest that, while giving private testimony is associated with a similar pattern of forgiveness attitudes as giving no testimony, giving public testimony is associated with a polarisation in forgiveness attitudes. Although the size of the sample in the Public group is small, the distinct pattern of forgiveness scores in this group warrants further investigation.

As with the log-linear analysis of the psychiatric outcomes, the next level of analysis aimed to explore whether forgiveness is associated with any conjunctive effects between testimony and a number of moderating variables; in other words, whether differences in forgiveness between the testimony groups depend on other variables. The identification of variables that

could explain the polarisation of forgiveness scores in the Public group was of particular interest.

6.4.2. *Exploration of Possible Moderating Variables*

The possible moderating effect of the continuous variable age (measured in years) was examined first, through Pearson’s product-moment correlations. Age and forgiveness scores were correlated for each of the three testimony groups. No relationship was found between age and forgiveness attitudes for participants in the Public group ( $r=.01$ ;  $p=.97$ ), the Private group ( $r=.11$ ;  $p=.91$ ) or the No Testimony group ( $r=.22$ ;  $p=.15$ ). This suggests that age does not play a role in moderating the relationship between type of testimony and forgiveness. However, it is possible that a statistically significant effect may have merged in a larger sample, particularly a sample that included a broader range of developmental levels – in the current study, the minimum age was 25 years, thus excluding adolescents or younger adults.

Two-way factorial ANOVAs, which allow for an examination of interactions between categorical independent variables (Howell, 1992), were used to explore whether between- and within-groups differences in forgiveness levels depend on the following moderating variables: gender, relationship status, employment status, degree of religiousness and exposure to each type of violation. Like the one-way ANOVA in Section 6.4.1. above, this analysis was conducted on the transformed forgiveness data. Due to missing cells when the polychotomous variable of religiousness was used in the analysis, for the purposes of this analysis religion was coded dichotomously as either very religious or not (the latter category combining those participants who reported being either ‘not at all religious’ or ‘quite religious’). No participants in the Public group had experienced the violation category “Family Member Abducted”, therefore this ANOVA was conducted using only the Private and the No Testimony groups. The frequency of participants who had experienced the Disappearance of a Family Member was too small to allow for inclusion in the ANOVA tests. Results are reported in Table 14. Only statistically significant interactions between testimony and possible moderating variables were of interest for the current study; significant main effects for either testimony or moderating variables have not been reported or interpreted. Where a statistically significant interaction between testimony group and another independent variable was found, the pattern of cell means is graphically described through the use of cell

mean plots. Post-hoc tests were conducted using Tukey’s HSD for unequal *n*, in order to explore where the statistically significant differences reside.

**Table 14.**  
**Summary of results of two-way factorial ANOVAs: interactions between testimony and moderating variables for logarithmic transformation of dependent variable Forgiveness (*N* = 134)**

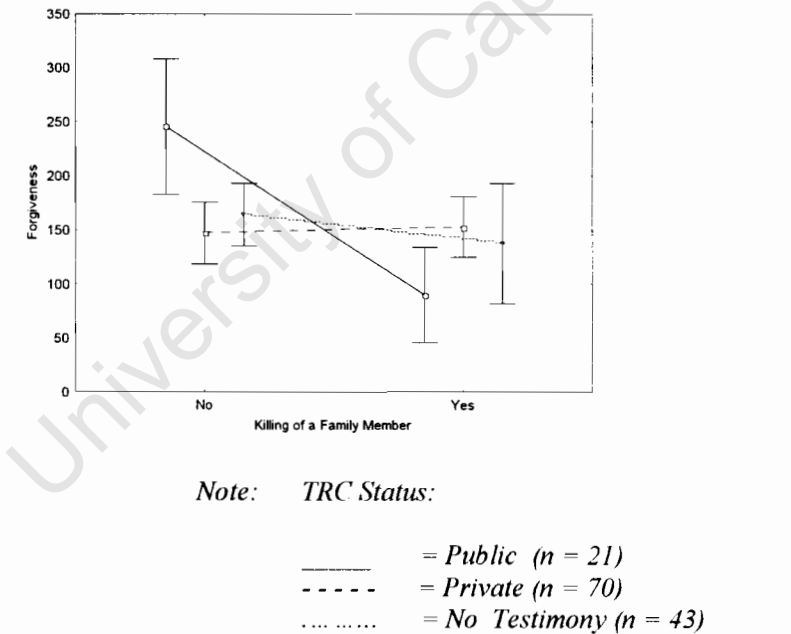
INTERACTION	df	SS	MS	MS Error	<i>F</i>	<i>p</i>
TRC Status X Sex	2,128	1.36	0.68	0.34	1.99	0.14
TRC Status X Relationship Status	2,128	2.62	1.31	0.34	3.86	<b>0.02</b>
TRC Status X Employment Status	2,128	0.04	0.02	0.37	0.05	0.95
TRC Status X Religiousness	3,121	1.69	0.34	0.35	0.95	0.39
TRC Status X Detention of Participant	2,128	3.66	1.83	0.34	5.46	<b>0.01</b>
TRC Status X Torture of Participant	2,128	3.23	1.62	0.34	4.74	<b>0.01</b>
TRC Status X Abduction of Participant	2,128	1.12	0.56	0.36	1.54	0.22
TRC Status X Severe Ill-Treatment of Participant	2,128	2.09	1.04	0.35	2.96	0.06
TRC Status X Associated Violation of Participant	2,128	0.42	0.21	0.37	0.57	0.57
TRC Status X Killing of Family Member	2,128	4.15	2.07	0.33	6.23	<b>0.003</b>
TRC Status X Detention of Family Member	2,128	0.40	0.20	0.36	0.55	0.58
TRC Status X Torture of Family Member	2,128	0.85	0.42	0.36	1.16	0.32
TRC Status X Abduction of Family Member *	1,109	0.12	0.12	0.34	0.37	0.55
TRC Status X Severe Ill-Treatment of Family Member	2,128	0.46	0.23	0.37	0.63	0.53

*Note: *p* values that are significant at *p* < .05 are in bold print*  
*\* Public group excluded from analysis*

Statistically significant interactions with testimony group were found for four moderating variables: Killing of a Family Member ( $F=6.23$ ,  $df=2,128$ ,  $p=.003$ ), Detention of Participant ( $F=5.46$ ,  $df=2,128$ ,  $p=.01$ ), Torture of Participant ( $F=4.74$ ,  $df=2,128$ ,  $p=.01$ ) and Relationship Status ( $F=3.86$ ,  $df=2,128$ ,  $p=.02$ ). This suggests that the relationship between testimony group and forgiveness is moderated by these four variables. However, the  $p$  value for Killing of a Family Member is the only one that approaches significance at the level of the Bonferroni correction for this series of tests (which would be  $p<.004$  for the fourteen ANOVA tests, for an alpha value of .05), while the possibility of a Type I error remains for the other three variables. While bearing this possibility in mind, the nature of the interaction of all four variables with testimony group and forgiveness will be explored further.

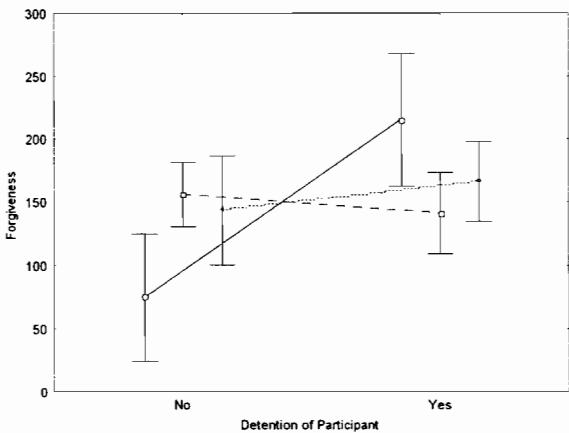
The plots of cell means (of the untransformed EFI scores) for the interaction of testimony group with Killing of a Family Member, Detention of Participant, Torture of Participant and Relationship Status, respectively, are represented in Figures 4 – 7. These indicate the nature of the interaction in each case.

**Figure 4.**  
**Graph of interaction between Testimony Group and Killing of Family Member for dependent variable Forgiveness**





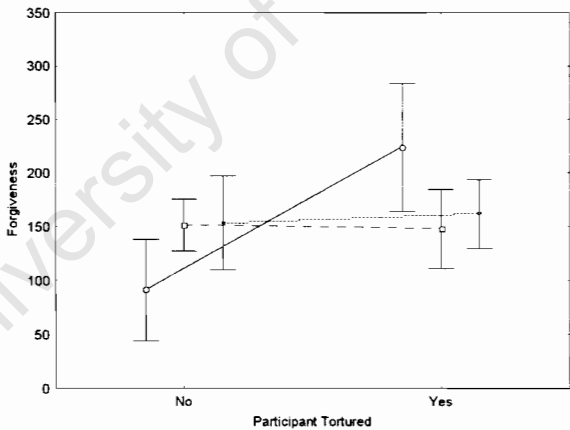
**Figure 5.**  
**Graph of interaction between Testimony Group and Detention of Participant for dependent variable Forgiveness**



*Note:* TRC Status:

- = Public (n = 21)
- - - = Private (n = 70)
- ..... = No Testimony (n = 43)

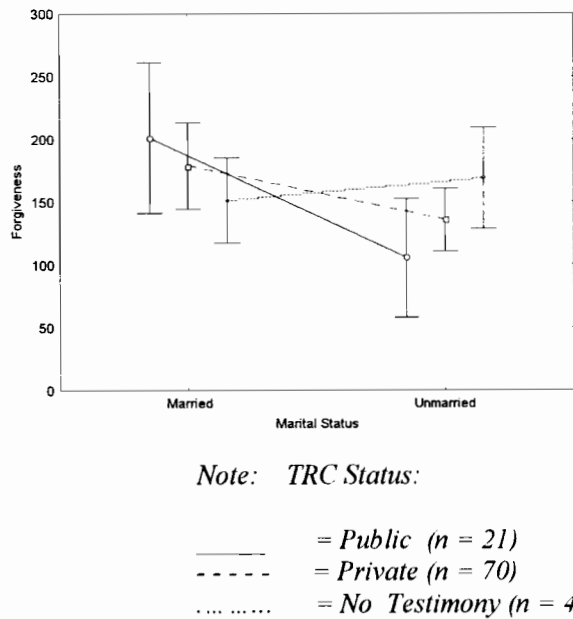
**Figure 6.**  
**Graph of interaction between Testimony Group and Torture of Participant for dependent variable Forgiveness**



*Note:* TRC Status:

- = Public (n = 21)
- - - = Private (n = 70)
- ..... = No Testimony (n = 43)

**Figure 7.**  
**Graph of interaction between Testimony Group and Relationship Status for dependent variable Forgiveness**



Examination of the plots indicates that, for all four moderating variables, forgiveness scores differ markedly among participants in the Public group compared to the other two groups: that is, the difference in mean forgiveness scores is much wider in the Public group than in the other groups. Post-hoc tests using Tukey’s HSD for unequal  $n$  confirmed that, in the first three cases, the statistically significant difference resided in the Public group only (note that reported means are derived from the untransformed EFI scores): detained Public testifiers were significantly ( $p = .006$ ) more forgiving ( $M = 215.20$ ;  $SD = 117.76$ ) than those who had not been detained ( $M = 74.82$ ;  $SD = 26.90$ ), and tortured Public testifiers were significantly ( $p = .03$ ) more forgiving ( $M = 223.88$ ;  $SD = 114.81$ ) than those who had not been tortured ( $M = 91.08$ ;  $SD = 68.11$ ). An opposite trend was found for having experienced the killing of a family member: Public testifiers who had experienced the killing of a family member were significantly ( $p = .01$ ) less forgiving ( $M = 89.86$ ;  $SD = 65.59$ ) than those who had not experienced the killing of a family member ( $M = 245.29$ ;  $SD = 105.36$ ).

For Relationship Status, post-hoc analysis indicated that the difference in forgiveness scores between married and unmarried participants in the Public group was not statistically significant. However, there was a non-significant tendency ( $p = .08$ ) for unmarried Public testifiers to be less forgiving ( $M = 105.23$ ;  $SD = 89.64$ ) than married Private testifiers ( $M = 178.54$ ;  $SD = 86.59$ ).

For the four ANOVAs on the transformed data that yielded a statistically significant  $F$  statistic for the interaction between Testimony and moderating variables, the assumption of homogeneity of variances was again investigated. Levene's test was not significant for the interaction of Testimony with Torture of Participant ( $p=.23$ ), Killing of a Family Member ( $p=.11$ ), or Relationship Status ( $p=.66$ ), but was significant for Detention of Participant ( $p=.003$ ). The results of this latter analysis should therefore be treated with caution, as the  $F$  statistic may be unreliable.

Although the  $F$  statistic is sufficiently robust to withstand some violations of the homogeneity of variance assumption, a more serious threat to its robustness is a correlation between the means and the standard deviations across the cells in the design. When a high mean occurs together with a high standard deviation in one of the cells in the analysis, the  $F$  statistic can be misleading: the large standard deviation may render the high mean, and the statistically significant  $F$  statistic that results from this, unreliable (Statsoft, 2002). Examination of the scatter plots of means versus standard deviations for those two-way factorial ANOVA with a statistically significant interaction indicated that, even after the logarithmic transformation, the means and standard deviations were correlated for Detention of Participant, Torture of Participant and for Killing of a Family Member: the cells containing Public testifiers who had been detained or tortured, and Public testifiers who had *not* had a family member killed, had both the highest mean of all the cells in that particular ANOVA analysis and a very high standard deviation. Often, correlated means and variances are due to one or two outliers in the cell, however no outliers could be identified in any of the three cases. The statistically significant findings in these three cases should therefore be regarded with some degree of caution, given the possibility that the  $F$  statistic may be misleading.

In summary, the results of the two-way factorial ANOVA indicate that there are no statistically significant differences in forgiveness among Private testifiers, nor among those who gave No Testimony, when demographic and violation moderating variables are

considered. By contrast, forgiveness among Public testifiers may depend upon whether or not they have been detained, tortured or had a family member killed. Although these results should be prudently interpreted, given the small size of the Public group and possible threats to the robustness of the  $F$  statistic, they provide a more specific description of the polarisation in forgiveness scores in the Public group. The regression analysis that follows provides an opportunity to further explore the relative contributions of detention, torture and having experienced the killing of a family member to the current forgiveness attitudes of Public group participants.

The two-way ANOVA for the Public group indicated that, when considered alone, Killing of a Family Member, Detention of Participant and Torture of Participant may each explain the polarisation in forgiveness scores in this group. However, it is possible that these three variables may be associated with each other, so that one of these variables may simply act as a proxy for another, rather than having a unique relationship with forgiveness. In order to explore the contribution made by each of these variables, when the effect of the other two variables is taken into account, a multiple regression analysis was conducted on forgiveness in the Public group. The regression analysis here is not intended primarily as a predictive tool, but rather as an analytic technique that allows the relative effects of multiple independent variables to be established.

The two-way ANOVAs indicated that Torture of Participant and Killing of a Family Member were associated with differences in forgiveness levels among Public testifiers, and these variables were therefore entered simultaneously as predictors into a multiple regression analysis of the dependent variable forgiveness. Although the statistically significant  $F$  statistic for Detention of Participant in the two-way ANOVA may be unreliable due to heterogeneity of variances, this independent variable was also included in the regression analysis, but any statistically significant contribution of this variable should be cautiously interpreted. Since the positively skewed distribution of forgiveness scores in the sample as a whole suggested that the distribution of forgiveness attitudes in the general population of human rights survivors may be skewed, the logarithmically transformed forgiveness scores were used as the dependent variable in the current analysis. Although the distribution of forgiveness scores in the Public group was bi-modal, rather than positively skewed, the distribution of forgiveness in the total sample provides a better indicator of the distribution of forgiveness in the broader population than does the distribution of forgiveness in the much

smaller Public group. The logarithmically transformed forgiveness scores were therefore retained for the regression analysis of forgiveness in the Public group. Results of the regression analysis are reported in Table 15.

**Table 15.**  
**Summary of initial regression analysis on Forgiveness in the Public Group (*n* = 21)**

Predictor	<i>B</i>	<i>SeB</i>	<i>β</i>	<i>Se β</i>	<i>p</i>
Participant detained	.63	.39	.45	.28	.13
Participant tortured	- .59	.62	-.42	.44	.36
Family member killed	-1.07	.54	-.74	.37	.06

<i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> adj	Standard error of estimate	<i>F</i>	<i>df</i>	<i>p</i>
.56	.48	.51	7.23	3, 17	.003

*Note: data for the transformed forgiveness scores are reported*

The results indicate that the model including all three predictor variables accounts for 56% of the variance in forgiveness in the Public group (*p*=.003), or 48% if the adjusted *R*<sup>2</sup> is used, as is recommended for small sample sizes (Tabachnick & Fidell, 1989). However, none of the predictors are statistically significant. Pedhazur (1982) notes that non-significant betas are common when the predictor variables are highly correlated. Indeed, tolerance was poor for all three predictor variables (.32 for Detention of Participant, .13 for Torture of Participant, and .19 for Killing of a Family Member), suggesting a high degree of overlap between them<sup>1</sup>.

It was decided that the variable with the lowest tolerance should be removed from the regression analysis. The analysis was therefore re-run with only Detention of Participant and Killing of a Family Member as predictors. While little explanation of the variance was lost by dropping Torture of Participant from the model (*R*<sup>2</sup>=.53; *R*<sup>2</sup>adj=.48), again the tolerances were poor (.45 for both predictors), indicating that including both variables in the regression

model would be redundant and that the betas would be unstable. Since the partial correlation of Killing of a Family Member with forgiveness was higher (-.42) than that for Detention of Participant (.29), it was decided to retain only the former variable in the final regression model, in order to maximise the stability of the model. The final model, as summarised in Table 16, indicates that the experience of having had a family member killed is significantly associated with low forgiveness among Public testifiers. This violation experience explains 49% of the variance in forgiveness, or 46% if the adjusted  $R^2$  is used, and the model is statistically significant at  $p = .0004$ .

**Table 16.**  
**Summary of regression analysis on Forgiveness in the Public group with Family Member Killed as a predictor ( $n = 21$ )**

Predictor		<i>B</i>	<i>SeB</i>	$\beta$	<i>Se</i> $\beta$
Family member killed		-1.02	-.24	-.70	.16
$R^2$	$R^2$ adj	Standard error of estimate	<i>F</i>	df	<i>p</i>
49	.46	.52	18.18	1, 19	.0004

*Note: data for the transformed forgiveness scores are reported*

Given the small size of the sample, it would be futile to attempt to judge the normality of the distribution of the residuals in the above regression analysis. This does not necessarily undermine the analysis, however, since regression analysis is quite robust with regard to violations of the normality assumption, and substantial departures from this assumption are likely to be tolerable (Howell, 1992; Statsoft, 2002). Cook’s *D* indicated that no influential points were present, and analysis of standardised residuals indicated that no outliers were present.

At this point, it was decided to explore further whether giving *testimony* about the killing of a family member at a public hearing is a better predictor of forgiveness in the Public group than having *experienced* the killing of a family member through political violence. As indicated in Table 17, when testifying about the killing of a family member was used to predict forgiveness in the Public group, this variable explained 68% of the variance in forgiveness, or 66% if the adjusted  $R^2$  is used, and this result was significant at the  $p<.00001$  level. Again, Cook's  $D$  indicated that no influential points were present, and analysis of standardised residuals indicated that no outliers were present.

**Table 17.**  
**Summary of regression analysis on Forgiveness in the Public group with Testifying About the Killing of a Family Member as a predictor ( $n = 21$ )**

Predictor		<i>B</i>	Se <i>B</i>	<b>B</b>	Se <b>B</b>
Testifying about the killing of a family member		-1.17	.18	-.82	.13
$R^2$	$R^2$ adj	Standard error of estimate		<i>F</i>	<i>p</i>
.68	.66	.41		39.87	<.00001

*Note: data for the transformed forgiveness scores are reported*

The results of this analysis indicate that giving public testimony about the killing of a family member is a better predictor of forgiveness than having experienced the killing of a family member. However, it is possible that this finding may reflect a selection bias in the sample. Two sources of selection bias are possible. First, when the TRC selected survivors who had themselves been violated to give public testimony, it may (either deliberately or unintentionally) only have invited those that had a very forgiving attitude towards the perpetrators of the violation; and when it selected the relatives of people who had been killed as the result of political conflict, it may only have selected those that had a very unforgiving

attitude towards the perpetrators. Second, a similar form of selection bias may have resulted from the non-random recruitment strategy used in the current study. However, an alternative interpretation is that the public testimony process itself may have resulted in an unforgiving attitude amongst those who testified about the killing of a family member, and a forgiving attitude amongst those who testified about other violations. Before this latter interpretation can be discarded, it needs to be further explored. Fortunately, the testimony transcripts for all participants who gave public testimony are available, in full, on the TRC's official website (Truth and Reconciliation Commission of South Africa, *Human Rights Violations Hearings and Submissions*, retrieved on 3 January 2003 from [www.doj.gov.za/trc/hrvtrans/index.htm](http://www.doj.gov.za/trc/hrvtrans/index.htm)). It was decided that these transcripts should be analysed in order to explore the possibility that the process of giving testimony may have produced a polarisation in forgiveness attitudes for participants who testified about different violations. This analysis is presented in the following chapter.

### 6.5. Chapter Summary

With regard to the two aims of the study, the results suggest the following. Firstly, in the current sample there appears to be no statistically significant difference between the testimony groups in the overall rates of those psychiatric disorders that were common enough in the sample to allow for a meaningful analysis (depression, PTSD and other anxiety disorders). However, there is the possibility that giving public testimony may increase the risk of PTSD among participants who have experienced severe ill-treatment, and that giving private testimony may increase the risk of PTSD among single testifiers. Unfortunately, the absence of a prospective and randomised research design, together with the small size of the Public group and the possibility of Type I error, preclude any firm conclusions based on these findings.

There is no statistically significant difference between the testimony groups with regard to their forgiveness attitudes towards the perpetrators of the violations. Some within-group differences are, however, apparent. Among participants who gave public testimony, there appears to be a polarisation in forgiveness attitudes that is linked to the type of violation that they testified about; that is, participants who gave public testimony about the killing of a family member are extremely unforgiving, while those that gave public testimony about other violations are extremely forgiving. This polarisation is not apparent for participants who gave



private or no testimony. While this finding may be the result of selection bias, an alternative hypothesis is that the public testimony process itself produced low forgiveness amongst those who testified about the killing of a family member, and high forgiveness amongst those who testified about other violations. This hypothesis will now be explored through an analysis that compares the public testimony transcripts of participants who testified about the killing of a family member with those who testified about other violations.

**Notes:**

1. In Statistica, the tolerance of a variable is defined as 1 minus the squared multiple correlation of this variable with all other independent variables in the regression equation. The smaller the tolerance of a variable, the more redundant is its contribution to the regression (Statsoft, 2002). Inspection of the cross-tabulation tables for the three independent variables sheds some light on the high levels of redundancy between them. Inspection of the cross-tabulation table for Detention of Participant and Torture of Participant indicated that 90% of Public testifiers who had been tortured had also been detained (police detention was usually the context in which torture occurred), and 70% of Public testifiers who had been detained had also been tortured. Inspection of the cross-tabulation table for Killing of a Family Member and Detention of Participant indicated a strong inverse relationship for the Public testifiers: none of those who had had a family member killed had been detained, while only 30% of those who had been detained had also had a family member killed.

## CHAPTER 7

### RESULTS II

This chapter presents the second phase of the data analysis in the current study, which attempted to develop an explanation for the statistical findings regarding forgiveness among public testifiers reported in the previous chapter. The chapter begins with a description of, and rationale for, the specific aims of this phase of the data analysis. This is followed by a description of the research design used for this phase of the analysis, including a discussion of the source of data and the sample that was selected. Thereafter, the methodology and findings of the analysis are presented.

#### 7.1. Aims

The results of the quantitative analysis in Chapter 6 indicated that giving public testimony is associated with low forgiveness among those who had experienced losing a family member to political violence, and high forgiveness among those participants who did not experience this violation. By contrast, violation history had no association with forgiveness for participants who gave either private testimony or no testimony. Further, the statistical analysis indicated that giving *testimony* about the killing of a family member explained more of the variance in forgiveness in the public group than having *experienced* the killing of a family member. As was noted in Chapter 6, it is possible that this difference may be the result of a selection bias within the sample that the TRC invited to give testimony at public victim hearings, or within the sample that was recruited for the current study. However, an alternative interpretation is that the process of giving public testimony itself may have resulted in a polarisation in forgiveness attitudes between deponents who gave testimony about different violation experiences. This latter possibility was explored by comparing the content of the testimony transcripts of participants who testified about the killing of a family member and those who did not.

While the TRC has suggested that participation in the TRC process may have facilitated forgiveness for deponents (see Chapter 1), it has not specified the mechanisms through which forgiveness may have developed as the result of giving public testimony. However, the literature on forgiveness (reviewed in Chapter 4) has indicated that there may be a role for an

‘other’ (that is, someone who is not the victim of the offence, nor the perpetrator) in facilitating forgiveness for those who have experienced an offence. Although this literature has suggested some ways in which an ‘other’ may influence the forgiveness process, these have not yet been systematically explored. Similarly, anecdotal evidence from observers of the TRC (reviewed in Chapter 1) has suggested that the commission may have overtly or subtly influenced the development of forgiveness among deponents (Hayner, 2002; Wilson, 2001), but this too has not been systematically investigated. The following analysis aimed to explore whether the polarisation in forgiveness attitudes among deponents who gave public testimony about different types of violation may have resulted from the responses of the truth commission panel (the ‘other’ at the public hearings<sup>1</sup>). The analysis of testimony transcripts will therefore focus on the role of the commission in the testimony process. It will attempt to establish whether there are differences in the way in which the commission responded to testimony about the killing of a family member as opposed to other forms of testimony and, if so, whether these differences can account for the polarisation in forgiveness attitudes between the two groups of testifiers.

## **7.2. Research Design**

The research design for this phase of the analysis can best be characterised as a collective case study design (Stake, 2000), jointly studying a number of cases in order to further explore the difference in forgiveness attitudes between participants who testified publicly about the killing of a family member and those who testified publicly about other violations. The analysis entails a comparison of the role of the truth commission panel in the two groups of cases. Rather than selecting a few illustrative cases of participants in the Public group in order to explore the role of the truth commission panel during testimony, it was decided to include all participants in the Public group. For the twenty one public testifiers in the sample, the public testimony transcript was available on the TRC’s website for all but one of the participants. The sample for the analysis was therefore twenty transcripts. Of these twenty participants, twelve testified about the killing of a family member and eight testified about other violations. Of the latter, six gave testimony about being detained and tortured by the police or security forces, while two testified about being severely assaulted outside of the context of detention and torture.

A common criticism of case study research designs is that an emphasis on case-by-case particularity and uniqueness constrains generalisability to other cases, thereby precluding the possibility of predicting phenomena (Stake, 2000; Yin, 1994). In response, proponents of case study research have argued that thick and rich description, and understanding of the complexities of a single case, have intrinsic value, and that generalisability to broader populations should not be the sole aim of all research (Stake, 2000; Yin, 1994). A more balanced approach might argue that, while generalisation to the broader population beyond the sample is not necessarily irrelevant to case study research, its relevance depends on the parameters and objectives of the research. The objective of the analysis that follows is to attempt to develop an understanding of how and why two variables are statistically significantly related to each other in the sample under study, by seeking out patterns in the data for this sample. There may be useful lessons that emerge from these identified patterns that are transferable to other contexts, or nascent theoretical ideas may emerge from the analysis that can be further explored in future studies, but the analysis that follows does not aim to generate conclusions that can be generalised to all survivors of human rights abuses who gave public testimony to the TRC or any other truth commission. Within the parameters of this phase of the current study, then, the case study design does not impose a limitation on the meaningfulness or usefulness of the findings.

Further, Yin (1994) has argued that, in case study research, generalisation of results is made to theory rather than to populations. In the comparative, collective case study design used in the current study, the analysis aimed to explore what is particular or unique to each of the two *groups* of cases, rather than focusing on what is particular or unique to each and every case in the sample. Put another way, the analysis here is concerned with establishing commonalities between cases within a particular group, and then comparing these patterns between the two groups. Replicating results across multiple cases serves to increase confidence in the theory or hypothesis that emerges from the analysis.

The source of data for this phase of the analysis is publicly available transcripts, rather than questionnaires or interviews that have been developed and administered by the researcher. It has been argued that public, naturally occurring texts have certain advantages for the process of data collection. However, certain disadvantages can also be identified. Firstly, it has been suggested that public documents are advantageous because they are readily and quickly available, without the same access and ethical constraints that tend to hinder data collection

from ‘live’ participants (Silverman, 2001). However, researchers working within the post-modern research paradigms have recognised that ethical issues are not absent when naturally occurring texts are used. Rather, issues of power in the research process may be particularly relevant. Hodder (2000) argues that naturally occurring texts constitute “*mute evidence*” (p. 703) that cannot speak back, since there is no opportunity for “*interaction with spoken “emic” insider as opposed to etic “outsider” perspectives*” (p. 703). This gives the researcher total authority over the data, with no input from the participants who produced the data (as opposed to, for example, conducting interviews or administering questionnaires verbally, where some degree of interaction between researcher and participant is always present). The voicelessness of the participants in this context amplifies the ‘crisis of representation’ (Denzin & Lincoln, 1998) or the issue of ‘authorial representation’ (Creswell, 1994) regarding whose voice (the researcher’s or the participants’) is given primacy in the analysis of the data and the presentation of the findings: “*Once words are transformed into text, the gap between the “author” and the “reader” widens and the possibility of multiple reinterpretations increases*” (Hodder, p. 704). The use of naturally occurring texts, as opposed to texts generated from interview data, further increases the gap between participants and researchers, and therefore implies a greater degree of reflexivity and circumspection in evaluating the credibility of the findings.

Secondly, it has been suggested that an advantage of naturally occurring texts is that they “*document what participants are actually doing in the world – without being dependent on being asked by researchers*” (Silverman, 2001, p. 122). In this way, the production of the data is ‘uncontaminated’ by either the participants’ own versions of events (what participants report about what they did may not correspond with what they actually did), or by the researcher’s interaction with the participants. Such an achievement would be highly valued by researchers working within the positivist paradigm, who seek an objective rendering of ‘reality’ (Creswell, 1998; Lincoln & Guba, 2000). However, even the most ardent positivist researcher would be hard pressed to demonstrate that a transcript is a full and accurate representation of ‘reality’. There is an inevitable filtering process in the transcription of any audio material that includes some aspects of what ‘really’ happened and excludes others. The transcriber’s tendency to “*‘tidy up’ the messy features of natural conversation*” (Silverman, 1993, p. 117) can result in the exclusion of verbal data that is unclear or ambiguous, and of non-verbal information such as tone of voice, emphasis, sighing, body language etc. Such information may be critical for understanding the meaning of the text. The transcripts of the

TRC public hearings make use of very limited transcription symbols; pauses and non-verbal information, Yin (1994) has argued that, in case study research, generalisation of results is made to theory rather than to populations such as emphases, are not indicated. It should therefore be borne in mind, throughout the analysis that follows, that it is not possible to establish what may have been lost in the transcription process, with regard to both verbal and non-verbal data, and how this 'lost' data may have modified the findings.

### 7.3. Method and Results

In order to explore potential differences in the role of the truth commission panel for the two groups of cases (participants who testified about the killing of a family member and those who did not), a blend of qualitative and quantitative methods was used. Mixed methods are an increasing trend in social science research, with many models for combining the two approaches (K. Punch, 1998; Silverman, 2001; Teddlie & Tshakorri, 2003 ). However, K. Punch (1998) notes that *"how they are combined should be determined by the reasons for doing so, set against the circumstances, context and practical aspects of the research"* (p. 250). The analysis that follows integrates qualitative methods from grounded theory with quantitative statistical methods more typical of classical content analysis. The sequence is as follows: inductive qualitative procedures that draw on grounded theory methodology are initially used to generate patterns in the data; quantitative analyses are then used to explore differences in these patterns between the two groups of cases; thereafter, the results of the quantitative analysis are used to guide the process of developing hypotheses regarding the possible role of the truth commission panel in influencing forgiveness attitudes at the public hearings for each of the two groups of cases; and, finally, these hypotheses are then further explored through a qualitative process of case comparison that draws on grounded theory practices.

Quantitative methods are, therefore, used here primarily to generate hypotheses for qualitative exploration. However, the use of both quantitative and qualitative procedures also enables the researcher to supplement the limitations of either approach with the strengths of the other (K. Punch, 1998; Teddlie & Tashakkori, 2003). Since the focus of this phase of the analysis was on comparing two groups of cases, statistical comparison can provide some verification for apparent patterns in the data that have been generated through a process of qualitative induction. While some qualitative researchers have expressed reservations about

the “*dubious use*” (Stern, 1989, p. 139) of numbers to lend legitimacy and authority to qualitative analyses, advocates of mixed methods research designs stress that “*numbers are a powerful way to generate meaning from qualitative data; to document, verify and test interpretations or conclusions; and to represent target events and experiences*” (Sandelowski, 2003, p. 341). Similarly, qualitative methods of analysis can supplement statistical analyses: a process of confirming or disconfirming statistically significant between-group differences, through qualitative case comparison, can mitigate the limitations of statistical analysis with a small number of cases. In the current study, qualitative and quantitative procedures are therefore used complementarily to generate and verify hypotheses, in order to address the research question regarding the possible role of the truth commission panel in determining forgiveness attitudes at the public hearings for the two groups of participants.

The methods used at each stage of the analysis are described more fully below, together with the results generated at each stage. Since the method of data analysis at each stage emerges from the findings of the previous stage of data analysis, it is hoped that presenting the methodology and the results in an integrated fashion will provide the reader with a better understanding of the logic of the analytic process than would be possible if the methods and the results were presented in separate sections.

#### 7.3.1. Coding Units of Analysis

The analysis began by coding the testimony transcripts into categories. Coding is a process of “*putting tags, names or labels against pieces of data*” (K. Punch, 1998, p. 204), in order to begin to assign meaning to the data. In the analysis of textual data, such as transcripts, codes are assigned to ‘chunks’ of data. These ‘chunks’ form units of analysis. Units of analysis may vary in size, from words or phrases, to sentences and whole paragraphs (Berg, 1995; Miles & Huberman, 1994; Ryan & Bernard, 2000). In the current analysis, each question or comment uttered by a commissioner was considered to be a unit of analysis, and was coded. In most cases codes were applied to full sentences, but in cases where a sentence was made up of two or more ‘chunks’ that were deemed to represent different categories, each ‘chunk’ was coded. Each unit of analysis was assigned only one code.

### 7.3.2 Generating Coding Categories

In classical content analysis, data are often coded according to a pre-existing framework - a series of coding categories that the researcher has developed through a reading of the theoretical and / or empirical literature in the area under study (Charmaz, 2000; Pidgeon & Henwood, 1997; K. Punch, 1998; Ryan & Bernard, 2000). Units of analysis are assigned a coding category from this pre-existing coding frame. A common criticism of this approach is that the pre-selection of specific categories of interest by the researcher “*assumes that the codes of interest have already been discovered and described*” (Ryan & Bernard, 2000, p. 785), and obscures or silences other elements of the text (Atkinson, 1992; Silverman 2001). This has implications for the validity of the findings, or the credibility of the explanation generated from the analysis. The use of pre-selected categories to organise a large amount of text forms a “*powerful conceptual grid*” (Atkinson, 1992, p. 459) that deflects the researcher’s attention from any material that lacks categorical fit. Such analyses are open to the critique that the researcher has selected from the text only those fragments that support his/her hypothesis, while deviant cases have simply been ignored (Silverman, 2001). Silverman (2001) argues that this sort of anecdotalism leaves the reader with little sense of the data as a whole and, further, may result in thin descriptive findings that simply confirm the researcher’s pre-existing assumptions, rather than generating new ideas that can add to or challenge existing understandings.

Silverman (2001) proposes that, particularly when the number of texts is small, content analysis does not need to use pre-selected categories. Rather, content analysis can be used to generate an understanding of the participants’ own categories and the ways in which these are used in naturally occurring contexts. Here, the categories that are counted emerge from the textual material itself, rather than being externally determined “*by an arbitrary or common-sense version of what may be interesting to count in a text*” (p. 128). Mason (1996) argues that such an inductive approach is particularly appropriate when one is attempting to generate ideas or theories from the data rather than to test out clearly formed ideas or hypotheses. This process of generating categories inductively (in other words, having them emerge from the data, rather than pre-specifying them) addresses the issue of anecdotalism by providing the reader with a sense of the “*whole corpus of data*” (Silverman, 2001, p. 35), rather than just pre-selected categories. It therefore minimises the possibility that the researcher will simply



have their existing impressions confirmed. This kind of inductive coding is a central tenet of the grounded theory method of data analysis (Charmaz, 2000; Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998), which seeks to identify categories and concepts that emerge from, and are grounded in, the data. The inductive grounded theory approach to data analysis seeks to generate conceptually abstract categories that are grounded in the data itself, rather than in existing theory (K. Punch, 1998; Pidgeon & Henwood, 1997; Strauss & Corbin, 1990, 1998).

In identifying categories in the data, the current analysis draws on several grounded theory techniques. Grounded theory methodology begins by identifying first-order categories in the data, and follows this by connecting the first-order categories together into higher-order categories. These second-order conceptual categories are then used to generate theory regarding the phenomenon under study (K. Punch, 1998; Strauss & Corbin, 1990, 1998). The inductive process of generating first-order categories from the transcript data in the current study is described below.

Grounded theory methodology typically begins by analysing a small sample of text line-by-line, and assigning tentative labels to potential themes that emerge (Charmaz, 2000; Corbin, 1986; Ryan & Bernard, 2000; Strauss & Corbin, 1990, 1998). In the first stage of the analysis of the testimony transcripts, a ‘trial run’ was conducted in which five transcripts were read<sup>2</sup>, and a preliminary set of coding categories developed. Grounded theory researchers often recommend that the codes should be kept ‘active’, indicating the actions that the participants (or ‘actors’) are engaging in (Charmaz, 2000; Corbin, 1986): “*action codes give us insight into what people are doing, what is happening in the setting*” (Charmaz, 2000, p. 515). A reading of the five transcripts indicated that the commissioners’ questions and comments could be coded as actions that served a number of purposes. Six broad first-order categories emerged from the trial analysis, and are listed in Table 1.

**Table 1.**  
**Action categories identified in Stage 1 of transcript analysis**

- |   |
|---|
| 1. Providing instructions and information to the deponent regarding how the testimony process will proceed and what the deponent should do  |
| 2. Eliciting details regarding the violation  |
| 3. Conveying empathy and acknowledgement of the deponent’s experience   |
| 4. Clarifying the deponent’s statements   |
| 5. Exploring the ways in which the commission could offer assistance  |
| 6. Reframing the deponent’s experience in order to assign value or meaning to the violation or to their experience of the testimony process |

The next stage of the analysis entailed a reading of all twenty transcripts, in order to evaluate how well the initial action categories ‘held’ across the transcripts. The above six categories occurred across almost all of the transcripts. Through a continuous process of comparing the similarities and differences between instances that appeared at first glance to belong to the same category [a grounded theory technique known as the constant comparison (Corbin, 1986; Glaser & Strauss, 1967; Glaser, 1992; Pidgeon & Henwood, 1997)], it became apparent that some of the categories could be further sub-categorised, since they encompassed commission statements or questions that served different purposes. For example, ‘eliciting information about the violation’ included questions that attempted to elicit information about (1) what was done to the deponent during the violation, (2) who the perpetrators of the violation were, (3) what the motivation for the violation might have been, and (4) what the impact of the violation was. Similarly, ‘reframing the participant’s experience’ encompassed reframing in two different ways: (1) universalising the experience and (2) constructing the deponent as heroic. Through the constant comparison method, several additional action categories also emerged, that served different purposes to the original six categories. For example, implying the healing potential of telling one’s violation story, and exploring the deponent’s current circumstances, also emerged as action categories. After all twenty transcripts had been analysed, and the process of constant comparison was complete, a total of 22 separate action categories for the commission were identified. These are displayed in Table 2 below, with examples to illustrate.

**Table 2.**  
**Categories identified in Stage 2 of transcript analysis**

	CATEGORY	EXAMPLES
1.	Conveying empathy, support, or acknowledgement of the deponent's hardship	"It's not easy when you are anxious about telling your own story" "You have been through a very hard time"
2.	Asking for details of the violation (what was actually done to the victim)	"Can you please inform us about the way in which you were handled?" "Can you please tell us what they did to you?"
3.	Asking for details about perpetrators (who they were)	"The police who arrested you, were they from the Security Branch?" "Do you know the names of the police who were using abusive language towards you and those who were molesting you?"
4.	Asking the deponent how they understand the perpetrator's motivations for the violation	"Could you please explain to us the reasons and causes why you were arrested?" "You don't know why the police, why your son was shot?"
5.	Asking about the impact / effect of the violation on the deponent's functioning	"Subsequent to all this, are you now able to work?" "Have you recovered fully from all of this – the experience, the injuries and so on?"
6.	Asking about witnesses to the violation	"One of the things we would like to know is if you remember the names of any other people who were in the cells with you, who could testify to the condition that you were in?" "Can you please tell us whether there is anybody who witnessed the shooting when your son died?"
7.	Asking about the deponent's political role prior to the violation	"Were you involved in the political structures that existed at that stage?" "Am I correct to say you were a member of the UDF ( <i>United Democratic Front</i> )?"
8.	Asking about the deponent's thoughts / feelings during the violation	"How did you feel when they wrapped this thing ( <i>a snake</i> ) around you?" "I'm wondering what was on your mind by the time they ( <i>the police</i> ) were moving with you in the van?"
9.	Asking what the deponent would like the commission to do	"What would you like the commission to do?" "Is there anything that you would like the commission to do?"
10.	Promising help from the commission	"We will do everything we can to try and find out the information that you have asked for" "We will be returning to you when we have some idea of what we can do to assist you"

(cont...)

Table 2 (cont.)

11.	Giving the deponent new information regarding the violation	<p>“They (<i>the TRC's investigative unit</i>) have got the inquest records, which confirm that Abida died from a gunshot wound”</p> <p>“There were three policeman who were found guilty about the incident, they were charged for shooting and using the firearms for no reason”</p>
12.	Telling the deponent there is no new information or confirming documents available regarding the violation	<p>“Our investigative unit has tried to find out more about your experience but, as in many other cases, the records of the cell register of the time you were in detention are not available to them.”</p> <p>“They (<i>the TRC's investigative unit</i>) have not been able to find the police deployment record from that day”</p>
13.	Giving instructions and information about how the testimony process will work and what the deponent should do	<p>“Start off by just telling us a little bit about yourself”</p> <p>“I’m now going to ask Advocate Denzil Potgieter to help you to tell your story”</p>
14.	Clarifying something the deponent has said (to check that the commissioner’s understanding is accurate)	<p>“What do you mean, do you mean a back room?”</p> <p>“They were acquitted, you say?”</p>
15.	Asking contextualising questions about what happened before and after the violation	<p>“Where were you coming from?”</p> <p>“What happened before you were charged?”</p>
16.	Exploring the deponent’s current circumstances (family, living situation, financial)	<p>“I would like to know how many kids do you have?”</p> <p>“Do you also own a house?”</p>
17.	Universalising the deponent’s experience (stating or implying that a similar violation was experienced by many people, indicating that the deponent’s experience was a common one)	<p>“It is one of the many tragedies that we hear that an innocent child passing an event like this should have been killed”</p> <p>“It (<i>the killing of a child</i>) was a painful experience for most of the people”</p>
18.	Reframing the deponent’s experience as heroic (emphasising the deponent’s victimisation as an indication of either their resistance to oppression or of their making a personal sacrifice for the broader liberation struggle)	<p>“We want them (<i>our children</i>) to remember that we paid a high price in order for us to be free today. We thank you a lot ma’am, for what you did”</p> <p>“We thank you for the contribution you made, it is because of such incidents that we are a free country”</p>
19.	Asking the deponent about their current attitude towards the perpetrator(s)	<p>“All I want to know is how you live together now, considering that they killed your son – how do you relate to them?”</p> <p>“What would you do if you can meet them (<i>the police who tortured the deponent</i>) or what would you say to them?”</p>

(cont...)

Table 2 (cont.)

20.	Telling the deponent they are making an important contribution to the historical record by giving testimony	“Now these people who are here today can know how our fathers, people like you, were treated in times past” “We in fact hope that through the testimonies we have heard relating to this particular incident, this march, that it reflects a bit of the history of this particular part of the country”
21.	Indicating that a spirit of reconciliation is desirable	“It is part of the job of everybody in the community to make sure that our children grow up not always feeling angry and seeking revenge” “We hope that, maybe not quickly because these things don’t happen quickly, it will work in people’s hearts to come forward and to show signs of remorse and to apologise so that we can move forward and people can be reconciled with each other”
22.	Suggesting that healing will occur through giving testimony	“I hope that the long recovery will have been helped a little bit by your coming here today” “I hope just the act of telling and sharing this story will be a source of great strength to you”

Once the final list of 22 categories had been constructed, and definitions for each category developed, all the transcripts were then read a fourth time to determine that each unit of analysis had been assigned the most appropriate code. A few units of analysis were assigned a different code from that which had been assigned in the first or second reading, as the initial coding was deemed not to be the most appropriate one. At this stage, all units of analysis in the transcripts could be accounted for by one of the categories, indicating a point of saturation (Swanson, 1986).

7.3.3. Establishing the Validity and Reliability of Coding

Within the inductive approach to content analysis, the researcher is perpetually moving back and forth between the data and the research question in order to produce categories of data that are useful for addressing a given research question, (Mason, 1996). As such, the categories that are developed may not emerge from the data in a ‘pure’ fashion, whereby the researcher is simply ‘letting the data speak’. Rather, the process of developing categories may more usefully be construed as the data speaking through the voice of the researcher, guided

by her research questions. However, there is the danger that the specific lens through which the researcher explores the data (i.e. her research questions and the theoretical frameworks within which these are embedded) may produce a highly idiosyncratic reading of the data, even when pre-specified categories are avoided. Glaser and Strauss (1967) caution against an extensive reading of theory relevant to the field of study before analysing data inductively, since *“round categories won’t fit in square category holes”* (p. 37). At this point in the research process for the current dissertation, the researcher was already steeped in several theoretical frameworks relevant to the research questions, which may have influenced the inductive identification of categories in the data. It was therefore decided that the validity of the researcher’s categories should be explored by having the data categorised by someone else who was blind to the research questions and theoretical frameworks of the current study. A research assistant, informed only that the study aimed to explore the types of questions and statements presented to deponents during the TRC’s public testimony process, was asked to generate a list of categories that captured all the types of questions and statements made by members of the commission in the twenty transcripts.

The assistant generated a list of 69 categories. Of these, 22 categories occurred in two or less of the transcripts. These were discarded as they were not sufficiently thematic across the data to warrant separate categorisation. The remaining 47 categories were examined by the researcher to determine their degree of agreement with the researcher’s own category scheme. Eighteen of the researcher’s 22 categories were represented within these 47 categories, indicating a high level of agreement; however, the research assistant had sub-categorised many of the categories identified by the researcher into several more specific categories. For example, the assistant identified separate categories for statements acknowledging the deponent’s distress about telling their story and for statements that emphasised the deponent’s courage in telling their story, while the researcher had encompassed both these statements within Category 1 (statements conveying empathy, support or acknowledgement of the deponent’s). In another example, the assistant created separate codes for statements informing the deponent about who will be questioning them, for statements instructing the deponent to speak in whichever language they prefer, and for statements instructing the deponent regarding which event to testify about, while the researcher had encompassed all of these within Category 13 (giving instructions and information about how the testimony process will work and what the deponent should do). While an argument could be made for retaining many very specific categories, in the

inductive development of categories it is generally recommended that codes be collapsed into a manageable size by grouping codes into clusters according to similarities (Swanson, 1986). In order not to generate an unwieldy number of categories, or to lose the thematic threads that conceptually link separate codes to each other, it was decided that the researcher's original categories would be retained without sub-categorising them further. Of the 22 categories identified by the researcher, two were not represented in the assistant's coding scheme. These were the researcher's categories 4 (asking the deponent how they understand the perpetrator's motivation for the violation) and 21 (statements indicating that a spirit of reconciliation is desirable). While it was decided to retain these categories, the lack of inter-coder agreement indicates that their validity should be regarded cautiously. The research assistant identified one category that the researcher had not identified: questions regarding past or current medical treatment for injuries sustained during the violation. However, because this category occurred in only three of the transcripts, it was decided not to retain it. This exercise in validating the researcher's codes indicates that, while the identification of categories does not seem to have been unduly swayed by the researcher's idiosyncratic perspective, another researcher may have categorised the data slightly differently. This should be borne in mind when evaluating the findings of the analysis.

In order to assess the reliability of the researcher's coding of the data (in other words, to assess whether the researcher had used the categories to code the data in a way that is consistent with how another researcher might have used the categories to code the same set of data), a second research assistant (also blind to the research questions) coded all twenty transcripts according to the researcher's 22 coding categories. As recommended by Miles and Huberman (1994), inter-rater reliability was established by dividing the number of instances where the researcher's and the research assistant's codings were the same by the total number of coded chunks. This yielded an inter-rater reliability of .75, indicating adequate reliability of coding. However, in an attempt to maximise the reliability of the researcher's coding, each of the discrepant cases (where the researcher and the assistant disagreed) was referred to the research assistant who had previously been used to validate the codes. Without knowing which transcripts had been coded by the researcher and which by the other rater, this research assistant was asked to make a judgement regarding which of the two codes was most appropriate for that particular chunk of data. In 64% of cases where there was a discrepancy, the research assistant judged that the researcher's original coding was the most appropriate. In the remaining 36% of cases, the research assistant judged that the other rater's coding was

the most appropriate. In the latter cases, the researcher changed the original coding of the transcripts accordingly.

7.3.4. *Comparison of Categories Across Groups of Deponents*

Once categories had been developed, and the data coded, the next step was to compare the two groups of cases in order to explore whether aspects of the commission’s response to deponents’ testimony could explain the polarisation in forgiveness attitudes between Public group participants who testified about having a family killed and those who did not. To this end, the occurrence of each category of commission response was compared between the group of participants who testified about a violation to themselves ( $n = 8$ ) and those who testified about the killing of a family member ( $n = 12$ ). In the published psychological literature, significance tests are commonly used in content analysis to compare the occurrence of categories between groups (e.g. Di Guilio & Crow, 1997; Piccinini, Castro, Alvarenga, Vargas & Oliviera, 2003; Silverman, 1994). Significance tests were used in the analysis that follows to provide a *guideline* for developing hypotheses about the different testimony experiences of each group. However, due to the possibility of Type I errors in tests across the 22 categories, these hypotheses were later further tested through a qualitative process of case comparison.

The occurrence of the 22 categories in each group was counted and compared in two ways. Firstly, the percentage of transcripts in each group that contained any instance of a particular category was calculated. This provided an indication of the number of participants in each group who had experienced a particular type of commission question or response. For example, 88% of participants who testified about a violation to themselves, and 82% of participants who testified about the killing of a family member, received an instance of Category 1 (a statement conveying empathy, support or acknowledgement). These frequencies are reported in Table 3, in column three (labelled ‘% VT’) for participants who testified about a violation to themselves and in column four (labelled ‘% KFM’) for participants who testified about the killing of a family member. In order to provide an indication of the degree to which the frequencies of each category differed between the two groups, Fisher’s exact test<sup>3</sup> was used. The results are reported in column five of Table 3, with significant  $p$  values (at the .05 alpha level) in bold.



Secondly, the total number of instances of a category in each transcript was counted, and the mean number of instances of each category for each sub-group was then calculated. This provided an indication of how often, on average, a particular type of question or statement by the commission occurred in each group of transcripts. For example, the average number of Category 1 statements among participants who testified about a violation to themselves was 2.5, and the average number of Category 1 statements among participants who testified about the killing of a family member was 2.33. The means are also reported in Table 3, in column six for participants who testified about a violation to themselves (labelled ‘Mean VT’) and column seven (labelled ‘Mean KFM’) for participants who testified about the killing of a family member. T-tests were used to provide an indication of the degree to which the mean of each category differed between the two groups. The results are reported in columns eight (*t* values) and nine (*p* values, bolded where significant at the .05 alpha level) of Table 3.

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**Table 3.**

**Comparison of categories of commission response: Deponents who testified about a violation to themselves (VT;  $n = 8$ ) and deponents who testified about the killing of a family member (KFM;  $n = 12$ )**

	Category	% VT	% KFM	$p^*$	Mean VT	Mean KFM	$t$	$p$
1.	Conveying empathy, support, or acknowledgement of the deponent's hardship	88%	92%	1.00	2.50	2.33	0.19	0.85
2.	Asking for details of the violation (what was actually done to the victim)	63%	8%	<b>0.02</b>	2.50	0.33	2.54	<b>0.02</b>
3.	Asking for details about perpetrators (who they were)	75%	8%	<b>0.004</b>	2.00	0.08	4.10	<b>0.0007</b>
4.	Asking the deponent how they understand the perpetrator's motivations for the violation	50%	25%	0.36	1.25	0.25	2.09	0.05
5.	Asking about the impact / effect of the violation on the deponent's functioning	63%	0%	<b>0.004</b>	1.75	0.00	2.81	<b>0.01</b>
6.	Asking about witnesses to the violation	25%	25%	1.00	0.25	0.75	- 0.95	0.35
7.	Asking about the deponent's political role prior to the violation	50%	42%	1.00	1.00	0.58	0.94	0.35
8.	Asking about the deponent's thoughts / feelings during the violation	25%	25%	1.00	0.38	0.33	0.13	0.90
9.	Asking what the deponent would like the commission to do	50%	42%	1.00	0.63	0.42	0.74	0.47
10.	Promising help from the commission	75%	58%	0.64	0.75	0.92	- 0.44	0.69
11.	Giving the deponent new information regarding the violation	13%	17%	1.00	0.13	0.17	- 0.24	0.81
12.	Telling the deponent there is no new information or confirming documents available regarding the violation	25%	8%	0.54	0.25	0.08	0.99	0.33
13.	Giving instructions and information about how the testimony process will work and what the deponent should do	88%	83%	1.00	1.63	1.42	0.39	0.70

(cont...)

Table 3 (cont.)

	Category	% VT	% KFM	<i>p</i> <sup>*</sup>	Mean VT	Mean KFM	<i>t</i>	<i>p</i>
14.	Clarifying something the deponent has said (to check that the commissioner's understanding is accurate)	88%	58%	0.32	3.88	1.75	1.72	0.10
15.	Asking contextualising questions about what happened before and after the violation	88%	67%	0.60	3.13	4.75	- 0.84	0.41
16.	Exploring the deponent's current circumstances (family, living situation, financial)	50%	33%	0.65	1.38	1.00	0.44	0.66
17.	Universalising the deponent's experience	13%	75%	<b>0.02</b>	0.13	1.25	- 3.14	<b>0.01</b>
18.	Reframing the deponents experience as heroic	13%	33%	0.60	0.25	0.33	- 0.31	0.76
19.	Asking the deponent about their current attitude towards the perpetrator(s)	25%	8%	0.54	0.38	0.17	0.71	0.49
20.	Telling the deponent they are making an important contribution to the historical record by giving testimony	38%	33%	1.00	0.38	0.33	0.18	0.86
21.	Indicating that a spirit of reconciliation is desirable	13%	17%	1.00	0.13	0.17	- 0.24	0.81
22.	Suggesting that healing will occur through giving testimony	13%	42%	0.32	0.13	0.50	- 1.44	0.17

*Note: Results that are significant at the  $p < .05$  level are bolded*

*\* Fisher's exact test*

What tentative hypotheses do these results suggest? With regard to anecdotal suggestions that the commissioners coerced deponents to be forgiving of their perpetrators (see Chapter 1), it is important to note that there were few reconciliation statements (Category 21) or questions about the deponent's current attitudes towards the perpetrator (Category 19) in either group, and no statistically significant difference between the groups on either of these categories. Comments from the commission regarding the desirability of forgiveness cannot therefore explain the difference in forgiveness attitudes between the two groups of testifiers. Arguments that the TRC coerced deponents to forgive do not seem to be supported by an empirical analysis of the commission's role at the public hearings for this sample. How else, then, might the responses of the commissioners have influenced the polarisation in forgiveness scores among Public testifiers in the sample, depending on the type of violation that they testified about?

The analysis indicates four categories of commission response in which there is a statistically significant difference between participants who testified about a violation to themselves and participants who testified about the killing of a family member. None of these differences are significant at the level of the conservative Bonferroni correction for the series of 22 tests ( $p=.002$ ), and the possibility of a Type I error can therefore not be excluded. However, the statistically significant results provide a guideline for the generation of hypotheses, which will then be verified through a qualitative process of case comparison.

Category 2 questions (asking for details of the violation), Category 3 questions (questions about the identity of the perpetrator/s) and Category 5 questions (questions about the effect of the violation on the deponent's functioning) occur in significantly more of the transcripts for the deponents testifying about a violation to themselves than in the transcripts of those testifying about the killing of a family member ( $p = .02$ ,  $p = .004$  and  $p = .004$ , respectively), and the average number of Category 2, Category 3 and Category 5 questions is significantly higher in the former group ( $p = .02$ ,  $p = .0007$  and  $p = .01$ , respectively). An opposite pattern is apparent for Category 17 (universalising statements). These statements occur in significantly more of the transcripts of the participants testifying about the killing of a family member than in the transcripts of those testifying about a violation to themselves ( $p = .02$ ), and the average number of universalising statements is significantly higher in the former group ( $p = .01$ ). These findings suggest that participants who testified at a public hearing about the killing of a family member may have received a different response from the

commissioners than those participants who testified about a violation to themselves. Each significantly different category will now be considered more carefully.

Firstly, those who testified about the killing of a family member were seldom asked questions that attempted to elicit details about the violation (e.g. how the family member had been killed). Only one of the participants who testified about the killing of a family member was asked to provide details of the violation; the others in this sub-group received no questions at all about the violation itself. While these deponents may have been asked such questions when giving a previous private statement (the aim of the private statement process being to gather information to inform the decision about whether a violation met the TRC's criteria for a gross human rights violation), at the public hearings the commission did not ask these participants for details about the circumstances and manner of the killing of their family member. By contrast, approximately two thirds (63%) of the deponents who testified about a violation to themselves were asked for specific details of the violation that they were testifying about, and were asked for such details at several points in the testimony. Examples of Category 2 questions that the commission posed to deponents who had been violated themselves are provided below:

To Deponent 140:

*"... can you show us exactly where you were injured?"*

*"Can you tell us how you were tortured and assaulted while you were at Robben Island?"*

*"These people were beating you... which object did they use?"*

To Deponent 129:

*"This snake that the police produced and that they wrapped around your body and around your neck, would you describe it to us – what did it look like?"*

*"You also said that when those policemen realised that this snake wasn't harming you... they brought back the - the dog. What did that dog do?"*

To Deponent 137:

*"Can you please... inform us about the way you were handled?"*

*"Can you please tell me what they did to you?"*

To Deponent 122:

*“Could you explain that – exactly what they were doing with the electric shocks?”*

*“What do you mean ‘they worked me through’? I want you to be specific if you can.”*

Secondly, participants who testified about a violation to themselves were more likely to receive questions about the identity of the perpetrator (Category 3), and to receive a greater number of such questions, than participants who testified about the killing of a family member. While six of the eight participants in the former group were each asked several questions about the identity of the perpetrator, only one of the twelve participants in the latter group was asked a question about the perpetrator. Examples of Category 3 questions posed to participants who testified about a violation to themselves are as follows:

To Deponent 140:

*“You spoke of a scar on top of your eye... who beat you there?”*

*“And the one (scar) on top of your mouth, was that van der Berg?”*

To Deponent 18:

*“And the two policeman involved are members of the security police, Trollip and Benzien, is that correct?”*

*“And which police were responsible for the assaults?”*

To Deponent 137:

*“Was he (the person who slapped the deponent in the face) this young boy? Was he in uniform?”*

*“Do you know the names of the police who were using abusive language towards you and those who were molesting you?”*

To Deponent 122:

*“Three policemen, specifically Petersen, Steyn and Tise – were these people directly involved in – in actually torturing you or were they only present?”*

*“They were there when electric shocks were applied to you?”*

To Deponent 129:

*"The police who arrested you, were they from the security branch – security police?"*

*"Was there a policeman with the name of Victor involved in your arrest and interrogation?"*

Deponent 107:

*"Do you know the name of the policeman who shot you? What is his name?"*

*"Is he (the policeman who shot the deponent) now in Mbekeni or in Paarl?"*

Thirdly, questions about the impact of the violation on the deponent's functioning (Category 5) were asked significantly more frequently when participants testified about a violation to themselves. While five of the eight participants who testified about a violation to themselves received such questions, none of the twelve participants who testified about the killing of a family member was asked about this. Examples of Category 5 questions posed to deponents who testified about a violation to themselves are as follows:

To Deponent 18:

*"Subsequent to all this... are you now able to work?"*

*"Why are you unable to work now, what caused the condition of being unable to work?"*

To Deponent 140 (testifying about being beaten on the ear by police):

*"What else happened in your ear other than the scar which you now have?"*

To Deponent 107:

*"You said that you were a student at the time that you were shot. Did you go back to school afterwards?"*

*"Are you able to work?"*

To Deponent 120 (testifying about being the victim of prolonged water torture by the police):

*"You still have problems with your ears as a result of that?"*

To Deponent 129:

*“When you were eventually released...it must have been very difficult to get going again?”*

Finally, it appears that the commission frequently told participants who were testifying about the killing of a family member that many other people in the country had had the same experience as them. While only one participant who testified about a violation to himself received such a universalising statement, nine of the twelve participants who testified about the killing of a family member received such statements. Examples of universalising statements are as follows:

To Deponent 107:

*“This is what was happening to the youth during your time.”*

To Deponent 101:

*“There were many things that happened in those months, many meetings and rallies, and also funerals.”*

To Deponent 84:

*“It was a painful experience for most of the people.”*

To Deponent 93:

*“To be sixteen and to be simply walking and to be killed is an experience which many many people have had in this country. And there are so many innocent people who have been caught up in the conflict and the violence of this land.”*

To Deponent 135:

*“It is one of the many tragedies that we hear, that an innocent child passing an event like this should have been killed...”*

There are therefore four elements of the commission’s response that differed according to the type of violation being testified about. The next section will consider how these four elements



may be related conceptually in such a way as to provide an explanation for the difference in forgiveness attitudes between the two groups.

#### 7.3.5. *The Inter-Relationship Between Categories: Development of a Core Category*

Silverman (2001) argues that comprehensive data treatment in qualitative analysis requires a rejection of several single-element explanations in favour of the development of a conceptual order that can account for the ways in which these elements may inter-relate. This is in line with grounded theory methodology, which seeks to connect seemingly disparate phenomena through a higher-order conceptualisation that is grounded in the empirical data. In grounded theory methodology, connecting the concepts or categories that emerge from the data entails the development of a ‘core category’ (Corbin, 1986; K. Punch, 1998; Strauss & Corbin, 1990). The core category “*forms the pivot or main theme around which all the other categories revolve*” (Corbin, 1986, p. 94). Elaboration of the core category demonstrates how the lower-order categories (in this case, the four categories of commission response that differed significantly between the two groups of participants) are particular instances of a more general, second-order concept. At this level of analysis, the researcher aims to construct a version of what the categories mean or represent, thus reading beyond the data (Mason, 1996). The next stage of the current analysis, therefore, entailed a consideration of how the four dimensions along which the commission responses experienced by the two groups differed most significantly, may act together to explain the polarisation in forgiveness attitudes in the Public group.

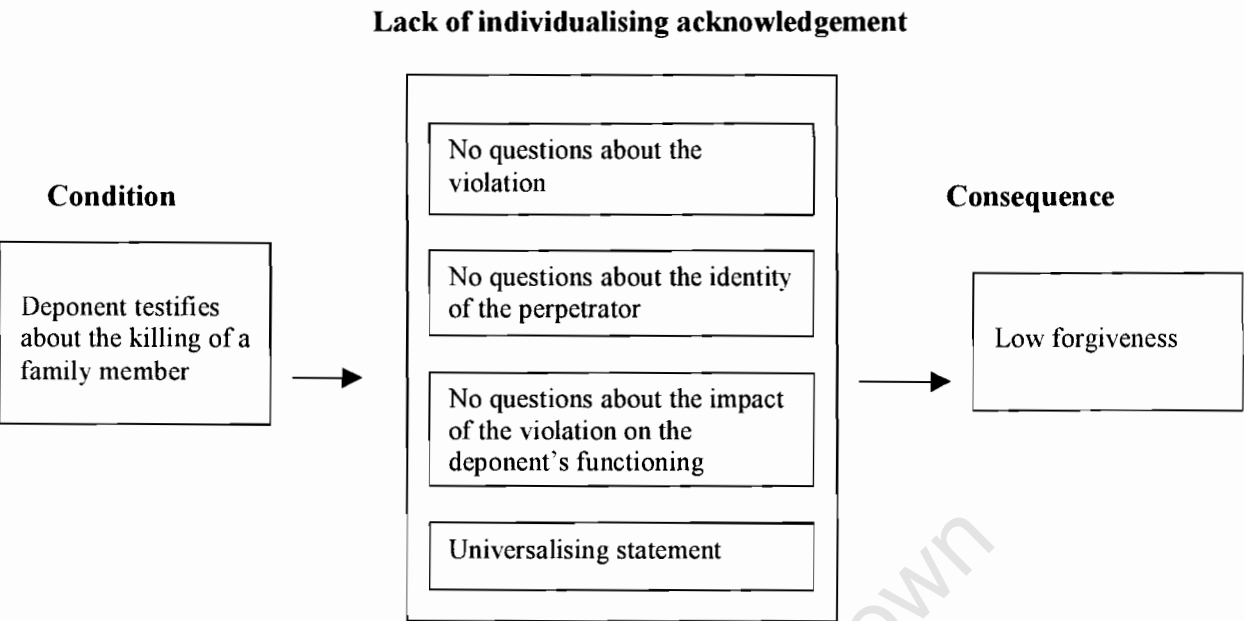
The results of the analysis indicate that Category 17 is inversely related to Categories 2, 3 and 5: thus, those testifying about the killing of a family member were asked very few questions about the violation itself or the identity of the perpetrator(s), and none were asked about the impact of the killing on their own functioning, but most of them received a universalising statement from the commission; by contrast, those testifying about a violation to themselves were frequently asked questions about the violation, about the identity of the perpetrator, and about the impact of the violation on their functioning, but only one of them received a universalising statement. Thus, participants who had been violated themselves had substantial opportunity, compared to those who testified about the killing of a family member, to talk about the nature of the violation, the identity of the person(s) who perpetrated it, and the ways in which the violation had affected their functioning, and the commission did not convey to

these deponents that their violation experience was a commonplace one. Taken together, these factors suggest that the commission may have conveyed to participants who testified about a violation to themselves an attitude of ‘individualising acknowledgement’ of their violation experiences. This attitude of ‘individualising acknowledgement’ entails a spirit of interest in the details of the violation, in the identity of the perpetrator, and in the ways in which the deponent was affected by the violation, and an absence of statements that may challenge the uniqueness of the deponent’s experience. By contrast, participants who testified about the killing of a family member received little individualising acknowledgement regarding their violation experience: the commission did not explore the details of the violation, the identity of the perpetrators, or the ways in which the deponent had been affected by the violation, and, through universalising statements, may have undermined these deponents’ sense that their violation experience was unique and important. ‘Individualising acknowledgement’ is therefore proposed as the core category that conceptually binds all four categories together.

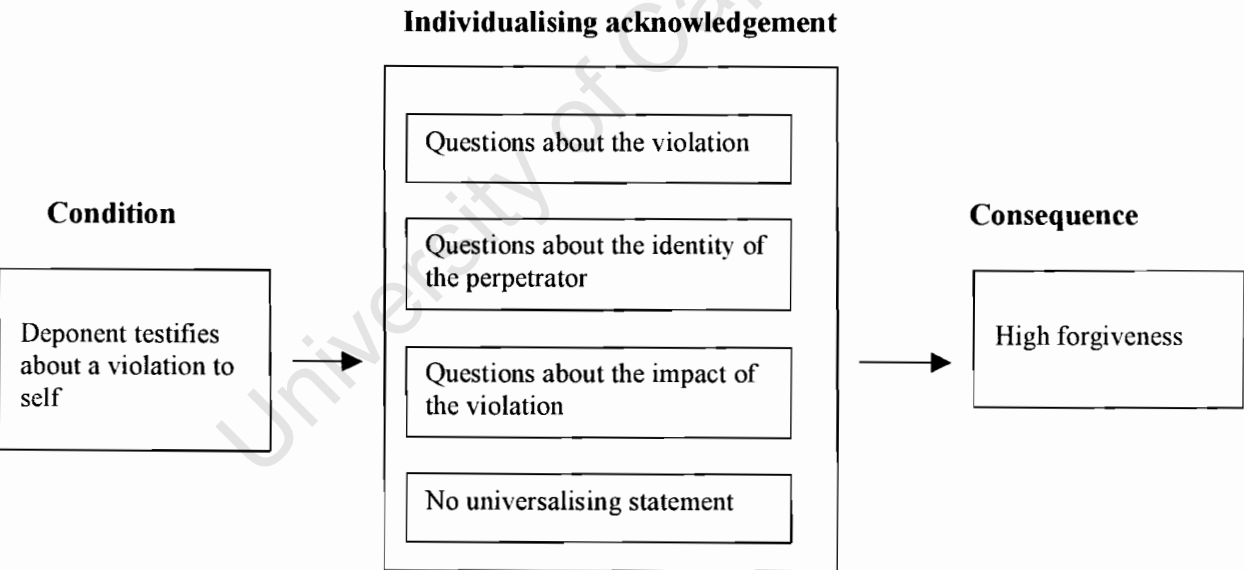
The above patterns suggest a possible hypothesis that may explain how, and why, the type of violation being testified about at the public hearings accounts for a statistically significant proportion of the variance in forgiveness among public testifiers in the current study. It is hypothesised that a testimony experience that entails individualising acknowledgement by the commission (through receiving many questions about what was done during the violation, and by whom, and what the consequences of this were for the deponent, in the absence of universalising statements) may facilitate high forgiveness. Furthermore, receiving individualising acknowledgement may be conditional upon testifying about a violation to oneself. By contrast, a testimony experience that entails a lack of individualising acknowledgement (through being asked very few questions about what was done during the violation, and by whom, not being asked what the effects of the violation were, and then being told that what you experienced was not unique and happened to many other people) may serve to promote a lack of forgiveness. It is further possible that receiving a lack of individualising acknowledgement at the public hearings is conditional upon the deponent testifying about the killing of a family member. These possibilities suggest two possible profiles of public testimony experience that may explain low and high forgiveness, respectively, in the Public group sample. The two profiles are displayed below

**Figure 1.**  
**Hypothesised profiles of testimony experience**

*Profile 1: Hypothesised profile for participants who testified about the killing of a family member*



*Profile 2: Hypothesised profile for participants who testified about a violation to themselves*



### *7.3.6. Testing the Hypothesis Through Case Comparison*

Grounded theory methodology entails a constant process of assessing how well emerging conceptual ideas ‘fit’ with the data, by seeking out negative cases that challenge the emerging theory (Ryan & Bernard, 2000; Strauss & Corbin, 1990). This entails comparing available cases with the hypothesised model, identifying deviant cases that do not fit the initial hypothesis, and revising the hypothesis in order to develop a theoretically saturated model that accounts for all available instances of a phenomenon. This is similar to the process of analytic induction (Becker, 1998; Ryan & Bernard, 2000; Silverman, 2001), whereby an explanation is accepted until a new case falsifies it, after which the explanation may be revised to account for the discrepant data. The final stage of the current analysis therefore entailed a process of case comparison in order to evaluate the ‘fit’ between the actual data and the hypothesis that different experiences of ‘individualising acknowledgement’ from the commission can account for differences in forgiveness attitudes between participants who testified about the killing of a family member and those who did not. Each of the two groups is considered in turn.

#### *7.3.6.1. Testing of Profile 1*

An examination of each testimony transcript belonging to participants who testified about the killing of a family member indicated that seven of the twelve participants in this group (58%) perfectly fitted Profile 1. Each of these seven participants did not receive questions about what happened during the violation, the identity of the perpetrator or the impact of the violation, but did receive a universalising statement, and each of them had a low forgiveness score. The remaining five participants in this sub-group also had low forgiveness scores, but did not receive the exact same commission response delineated in Profile 1, indicating that some revision of the hypothesised profile for those testifying about the killing of a family member may be necessary. The five deviant cases were examined in order to generate alternative hypotheses.

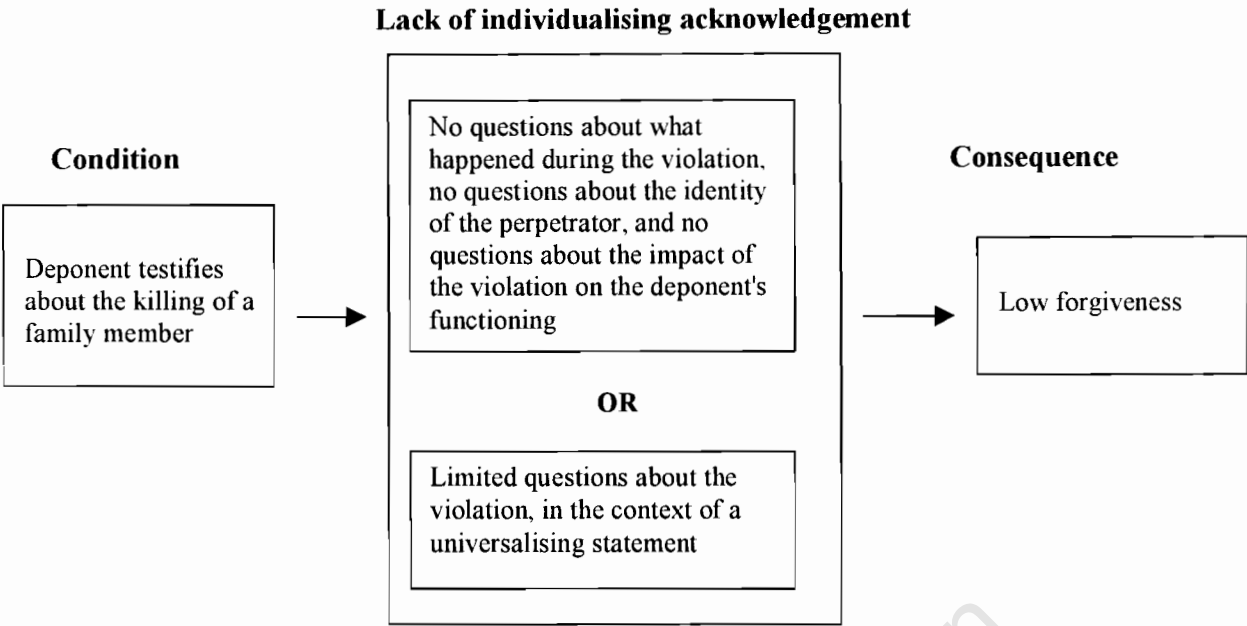
Three of the five deviant cases fitted all aspects of Profile 1, except they did not receive a universalising statement from the commission. This raises the possibility that low forgiveness among deponents who testified about the killing of a family member may not necessarily be associated with receiving a universalising statement. It may therefore be hypothesised that

participants giving testimony about the killing of a family member tend to receive no questions about the violation, no questions about the identity of the perpetrator, and no questions about the impact of the violation on the deponent's functioning; and this absence of acknowledgement by the commission regarding the violation experience is associated with low forgiveness, regardless of whether or not a universalising question was received. Ten of the twelve participants in this sub-group (83%) meet this revised profile: each of them received no questions about the violation, the identity of the perpetrator, or the impact of the violation, and each of them had a low forgiveness score.

However, this revised Profile 1 still cannot account for two of the participants who testified about the killing of a family member. One of these deviated from the revised profile because she received a question about the identity of the perpetrator, while the other received several questions about what happened during the violation. Since these two participants received some degree of acknowledgement of their violation experience from the commission through receiving questions about either the violation or about the perpetrator, why are they both unforgiving? As both of these participants also received a universalising statement, it is possible that when limited acknowledgement of one's violation experience is given in the context of universalising one's experience, the limited acknowledgement may be felt to be invalidated.

The process of case comparison with Profile 1 therefore indicated that the hypothesised profile should be revised in order to incorporate two different patterns of a lack of individualising acknowledgment by the commission - one pattern in which the participant receives no questions about specific aspects of the violation, and another pattern in which the participant receives limited questions about the details of the violation and then receives a universalising statement, as illustrated in Figure 2 below. All twelve of the participants who testified about the killing of a family member received one of these two patterns of commission response, while none of the participants who testified about a violation to themselves received either of these two forms of commission response. This suggests that, for the current sample, receiving a lack of individualising acknowledgment from the commission at the public hearings is conditional upon testifying about the killing of a family member. Furthermore, all twelve participants have low forgiveness scores, suggesting that a lack of individualising acknowledgment may be associated with a lack of forgiveness.

**Figure 2.**  
**Revised hypothesised profile for participants who testified about the killing of a family member**



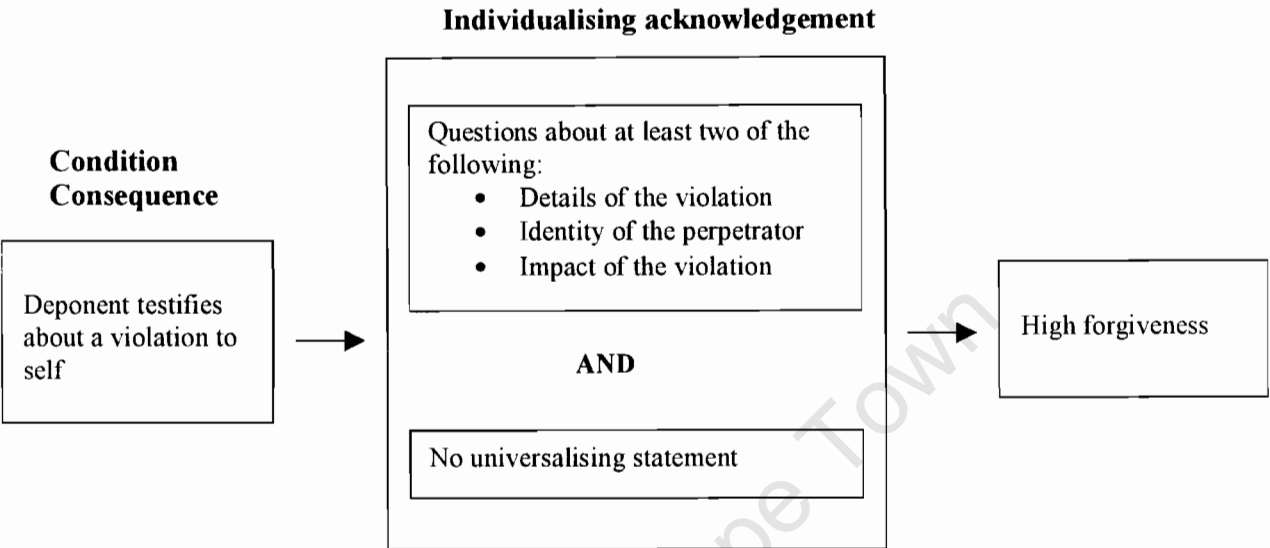
7.3.6.2. *Testing of Profile 2*

Only two participants who testified about a violation to themselves received questions about what was done during the violation together with questions about the identity of the perpetrator *and* questions about the impact of the violation. However, another five participants in this group received two of these three categories of questions. In two cases, the participants received questions about the violation and the perpetrator, but not about the impact of the violation; in another two cases, the participants received questions about the perpetrator and about the impact of the violation, but not about what was done during the violation; and in one case the participant received questions about the violation and about its impact, but no questions about the perpetrator. This suggests that the commission response profile for participants who testified about a violation to themselves should be revised to entail *at least two* of the three categories of questions about the violation (rather than all three categories), in the absence of a universalising statement. Six of the eight participants in this sub-group (75%) received a commission response that fits this profile, while none of the participants who testified about the killing of a family member received this response,

indicating that this commission response profile discriminates well between participants who testified about a violation to themselves and those who did not. This suggests that receiving a commission response that entails individualising acknowledgement of the violation experience through questions about different aspects of the violation, in the absence of a universalising statement, may be conditional upon testifying about a violation to oneself.

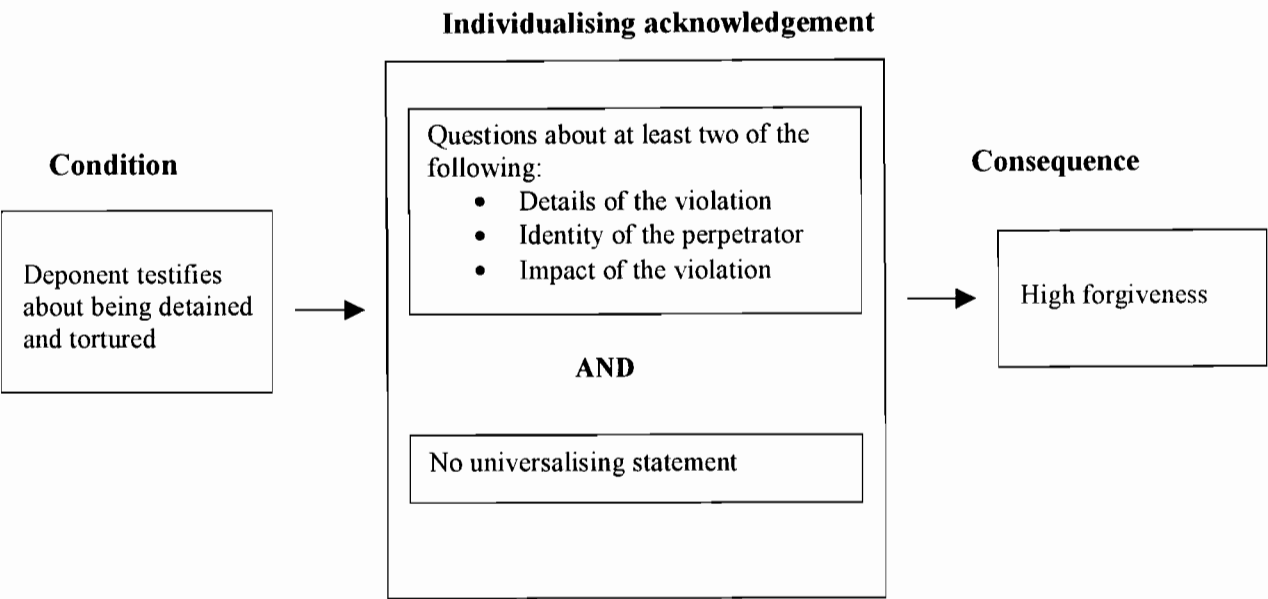
Figure 3.

Revised profile for participants who testified about a violation to themselves



However, two participants who testified about a violation to themselves did not receive the commission response for the revised Profile 2. Upon inspection of commonalities in these two cases, it was found that these were the only two participants testifying about a violation to themselves other than torture. The first of these participants testified about being assaulted by members of another liberation organisation, while the second participant testified about being shot by the police while he was running away from a clash between a crowd of people and the police in the township where he lived. Taken together, these two deviant cases suggest a second possible revision to Profile 2, represented in Figure 4 below, whereby the profile fits only those participants who testified about being detained and tortured.

**Figure 4.**  
**Profile for participants who testified about being detained and tortured**



Six out of the six participants who testified about being detained and tortured received the commission response of the revised Profile 2. Of these, five are very forgiving. One is very unforgiving, despite receiving individualising acknowledgement from the commission, thus representing a deviant case. It was found that this participant had multiple current psychiatric diagnoses (he received a diagnosis of PTSD, depression and an anxiety disorder on the MINI), unlike the other five participants who fitted the revised Profile 2 [these had either no psychiatric diagnosis (n=4) or one diagnosis (n=1)]. It is possible that the severity of this deponent’s psychiatric impairment prevented him from developing a forgiving attitude towards the perpetrators, despite receiving individualising acknowledgement from the commission. Because the emotional impact of the violation continues to cause distress and to impair his functioning at a clinically significant level, this survivor may have been unable to let go of angry feelings towards the perpetrators of the violation. It may therefore be tentatively speculated that individualising acknowledgment from the commission may only be associated with a very forgiving attitude in the absence of severe psychiatric disorder. However, this requires further exploration and replication in future research.



In sum, the revised Profile 2 appears to account fully for five of the six participants who testified about being detained and tortured. They each received individualising acknowledgement from the commission in the form of questions about different aspects of the violation, in the absence of a universalising statement that might have negated the uniqueness of their violation experience. Furthermore, all five are very forgiving, suggesting that receiving individualising acknowledgement from the commission regarding one's violation experience is associated with a forgiving attitude towards the perpetrator(s).

#### *7.3.6.3. Remaining Negative Cases*

The revised Profile 1 and Profile 2 account fully for seventeen of the twenty cases in the Public group (85%). As noted above, one participant who had been detained and tortured did not meet the revised Profile 2 because he was very unforgiving, possibly due to the severity of his psychiatric symptoms. There remain two deviant or negative cases that fit neither Profile 1 for those who testified about the killing of a family member nor the revised Profile 2 for those who testified about being detained and tortured. These are the two participants who testified about violations to themselves other than torture. In the first deviant case (the participant who had been assaulted by members of a rival liberation organisation), the participant received no questions about the details of the violation, the identity of the perpetrator(s), or the impact of the violation on his functioning, a commission response that matches that received by participants who testified about the killing of a family member. Unlike the latter, however, this participant was very forgiving of the perpetrators. In the second deviant case (the participant who had been shot by the police), the participant, like those who testified about being detained and tortured, did receive questions about the identity of the perpetrator and the impact of the violation on his functioning. However, unlike the other participants who testified about being violated themselves, he received a universalising statement. The commission response that he received therefore fits with that received by participants who testified about the killing of a family member, and, like these participants, he is very unforgiving.

While these deviant cases indicate that the two hypothesised profiles cannot fully account for all participants in the sample, in the absence of other deviant cases it is not feasible to draw any firm conclusions that would warrant modification of the profiles. However, the remaining deviant cases suggest that further exploration of the 'forgiveness through individualising

acknowledgement' hypothesis is needed. Grounded theory methodology entails a recursive process of continually checking out emerging conceptual ideas against new data, and then confirming or reformulating interpretive understandings according to how well these 'fit' with, or explain, new data (Glaser & Strauss, 1967; Pidgeon & Henwood, 1997; Strauss & Corbin, 1990, 1998). Within the grounded theory approach, a point of theoretical saturation would be reached only when nothing more can be added to the theory upon collection of new data (Charmaz, 2000; Glaser & Strauss, 1967; Strauss & Corbin, 1990). The current analysis therefore constitutes only the first stage in a full grounded theory process, and it remains for the model hypothesised here to be confirmed, disconfirmed or re-formulated through the analysis of additional data from TRC deponents, or deponents who give testimony at other truth commissions.

#### **7.4. Credibility of Findings**

As with the analysis of quantitative (i.e. numerical) data, the analysis of qualitative data, such as texts, must demonstrate systematic rigor and credibility. As noted earlier in this chapter, the analysis of naturally occurring texts, in which direct interaction between researcher and participants is absent, perhaps warrants an even greater degree of reflexivity and circumspection in evaluating the credibility of the findings. With the statistical analysis of numerical data, methods of data analysis are easily reproducible, such that a second researcher who applies the same statistical operations to the same set of data should produce the same results, although the interpretation of the meaning of these results may vary across researchers (K. Punch, 1998). While the research methodology literature contains much meta-theoretical debate regarding whether reproducibility is an epistemologically meaningful goal in qualitative analysis and, if so, how it can best be achieved, in the past two decades there has been increasing recognition that a transparent and thorough description of the analytic process is a critical part of establishing the credibility of qualitative findings (Creswell, 1994; Mason, 1996; K. Punch, 1998; Silverman, 1993).

In order to maximise the credibility of the findings in the second phase of data analysis in the current study, this chapter has attempted to carefully map the route by which the researcher arrived at the final interpretation. This has included a description and explanation of the source of data and the sample, of the units of analysis that were considered, of the technique of constant comparison that was used to inductively generate coding categories, of the

statistical comparison of the frequency of each category across the two groups of participants, of the development of a core category that can conceptually account for those categories that differ significantly between the two groups, and of the process of negative case analysis to evaluate and refine a theoretical model that can account for the polarisation in forgiveness attitudes between the two groups of participants.

Providing a careful account of the analytic process through which findings are generated is necessary for supporting the credibility of the explanation that emerges from the analysis of qualitative data, but credibility can also be substantiated in other ways. Credibility of the coding process here has been supported through the use of alternative raters to explore both the reliability and validity of coding, thereby reducing the likelihood that the researcher has developed a highly idiosyncratic reading of the data (Silverman, 2000). The credibility of the theoretical model that emerged from the coding process is supported by the use of negative case analysis to explore and refine the model (Mason, 1996; K. Punch, 1998), and by the high degree of 'fit' between the final model and the data (with 85% of cases being accounted for) (Hodder, 2000; Strauss & Corbin, 1990). However, it is possible that the core category (i.e. the category that binds together the four categories that differed significantly between the two groups) could be conceptualised by another researcher as something other than 'individualising acknowledgement'. In other words, another researcher could argue that the four categories that differ significantly between the two groups may 'hang together' in another way, which reflects a process other than 'individualising acknowledgement'. The interpretation that has been offered here is therefore only one possible version of the data. However, as will be discussed in Chapter 8, it is a version that both fits well with some existing aspects of theory and offers some new potential theoretical directions.

### **7.5. Chapter Summary**

An analysis of the public testimony transcripts indicates that the polarisation in forgiveness scores in the Public group according to the type of violation being testified about, which emerged in the statistical analysis in Chapter 6, may be the result of differential treatment by the commission. While the possibility that selection bias may account for the relationship between forgiveness attitudes and type of violation that participants testified about cannot be excluded, the analysis conducted here indicates that the two groups of participants did receive different responses from the commission. It appears that the frequency of four categories of

questions differed significantly between participants who testified about the killing of a family member and those who did not. Taken together, these differences suggest that those who testified about the killing of a family member, all of whom are very unforgiving, may have experienced a lack of individualising acknowledgment regarding the violation from the commissioners. On the other hand, those who testified about being detained and tortured, all but one of whom are very forgiving, received individualising acknowledgement of their suffering from the commission. This hypothesis accounts for 85% of the public testifiers included in the analysis, while 15% could not be accounted for by this hypothesis. While several strategies were used to establish the credibility of the findings, the identification of 'individualising acknowledgement' from the commission as the central conceptual mechanism that may explain the polarisation in forgiveness attitudes in the Public group, is only one possible interpretation of the data. In the next, and final, chapter, all the findings of the study will be summarised, possible interpretations and the theoretical implications of these will be considered, and the credibility of the findings generated by the whole study will be evaluated. This will allow for a balanced consideration of the usefulness of the findings for future research and practice.

**Notes:**

1. It could be argued that the audience that attended the public hearings, as well as the broader South African and international public who listened to the hearings on the radio, watched them on television, or read about them in the newspaper, also constitute the 'other' who was 'present' at the public hearings. However, the role of the audience at the hearings, and of the broader public, in the testimony process was largely a passive one. This audience, while serving as witness and listener to the deponents' testimony, was not allowed to participate in the testimony process, and were frequently warned by the commissioners that noise would not be tolerated (Ross, 2003). The analysis here is concerned with ways in which an 'other' may actively attempt to influence the forgiveness process for a person who has been injured or offended. It will therefore only focus on the truth commission panel itself as the 'other' in the public testimony context.

2. Although computer software programmes are available to assist with the qualitative analysis of textual data, the current analysis was conducted manually. The small sample of data (twenty transcripts) was not too unwieldy for a manual analysis, and it was felt that a manual analysis would allow the researcher to obtain a better sense of the data as a whole.
3. Fisher's exact test is an alternative to the chi-square test, and is recommended when the cell sizes in a 2X2 table are small (as is the case in the current analysis) (Fleiss, 1981). It is based on exact probabilities from a specific distribution, while the chi-square test relies on a large sample approximation. Fisher's exact test can be used even when one of the cells in the table has a zero in it, which was the case for Category 5.

## CHAPTER 8

### DISCUSSION

While the TRC was primarily a socio-political project, aimed at establishing an accurate historical record of human rights violations under apartheid, and reconciling black and white South Africans in the post-apartheid era, it was also an individual process for the survivors who participated in the testimony process. The TRC's effectiveness should therefore be evaluated at both these levels. Since the TRC itself has made claims regarding the psychological benefits of participation in the TRC process for individuals, which have provided an impetus to truth commissions in other countries to follow the TRC's public victim hearing model, the evaluation of the benefits of testimony for individuals is an important aspect of truth commission research and practice. The achievements and limitations of the TRC as a mechanism for uncovering the truth about apartheid, and for reconciling black and white South Africans, have been extensively debated and, in a few cases, explored in surveys of the general public (see Chapter 2). However, this is the first study that has attempted to systematically evaluate claims that giving testimony to the TRC resulted in psychological healing and forgiveness for individual survivors of human rights abuses.

This chapter begins with a summary and discussion of findings regarding the relationship between type of testimony and current psychiatric status for participants in the study. This is followed by a summary and discussion of findings regarding the relationship between type of testimony and current forgiveness attitudes. In both cases, discussion of the findings considers possible interpretations in light of the limitations of the study, as well as ways in which the findings may contribute to the existing literature. Thereafter, the lessons that have been learned from the study are considered, and recommendations are offered with regard to future research on the psychological benefits of truth commission testimony, with regard to the ways in which future truth commissions may frame their goals and structure the testimony process, and with regard to the development of theory and research in the area of forgiveness.

#### **8.1. The TRC as a Site of Psychological Healing**

The importance of the TRC as a possible site of psychological healing for survivors of gross human rights abuses is highlighted by the high rates of psychiatric disorder in the sample,

coupled with the low rate of previous psychological intervention that the participants have received. As in many other studies with survivors of human rights violations (reviewed in Chapter 3), rates of depression, PTSD and other anxiety disorders in the sample were elevated compared with available general population rates, although this finding cannot be generalised beyond the current volunteer sample. While the onset of psychiatric disorder in this sample cannot be clearly linked to experiences of human rights violations, it is noteworthy that all participants with PTSD identified the focal trauma of their symptoms as a human rights violation. It is therefore clear that survivors of human rights abuses in South Africa have enormous mental health needs that require attention. It is also apparent that this sample has been under-treated by the existing health system, with few participants having received psychotherapeutic or psychopharmacological intervention for symptoms other than insomnia. This may be the result of a failure on the part of participants to seek help for psychiatric symptoms, or a failure on the part of the health system to correctly identify and treat psychiatric difficulties among survivors of human rights abuses and their families. The absence of interventions for psychiatric disorders in this sample highlights the importance of establishing the therapeutic benefits of the TRC process, which may have been the only therapeutic space that most survivors had access to, or were willing to access.

However, despite extensive theoretical and empirical literature suggesting that trauma narratives may facilitate psychological recovery for survivors of violence, statistical comparison of participants who gave public testimony, private testimony and no testimony to the TRC found no statistically significant difference between the three groups in rates of depression, PTSD and other anxiety disorders. One interpretation of this finding is that, contrary to the claims of the TRC, neither giving private testimony nor public testimony to the TRC resulted in a reduction of psychiatric disorder in the sample under study. Further, contrary to the claims of some TRC critics, giving testimony does not appear to be associated with a higher rate of psychiatric disorder. Another possibility is that testimony did in fact reduce psychiatric symptoms in the short-term, but that depression, PTSD and other anxiety disorders may have later developed among participants in the sample as the result of subsequent stressors. Similarly, giving testimony may have resulted in an initial deterioration in psychiatric functioning, but this may have remitted over time. Another possibility is that the study lacked sufficient power to detect a statistically significant relationship between type of testimony and current psychiatric status. Finally, it is possible that testimony may have

impacted upon aspects of psychological functioning that were not measured in the current study. Each of these possibilities is discussed in turn.

Why, contrary to the literature on the healing effects of trauma narratives, might giving TRC testimony have had no therapeutic effect? This may be because the TRC testimony context differs from the therapeutic context in important ways. The most obvious of these is the absence of an ongoing relationship between the survivor and the person(s) hearing the survivor's testimony, in which safety and trust are able to develop, and the survivor is able to pace their trauma narrative according to their own capacity for managing traumatic material. Further, the operation of those mechanisms of healing that have been identified in the literature on trauma narratives may differ substantially in the TRC testimony context compared to the clinical therapeutic context. In the therapy context, habituation of anxiety through exposure to traumatic memories, and the development of a cognitively meaningful account of the trauma, are gradual processes that, for most survivors of a severe trauma, cannot feasibly occur in only one or two sessions. Most studies that have demonstrated the effectiveness of cognitive-behaviour therapy (Foa et al., 1991, 1999) and of testimony therapy (Agger & Jensen, 1990; Cienfuegos & Monelli, 1983; Weine et al., 1998) in reducing post-traumatic pathology have been based on a minimum of about six sessions, and a maximum of about thirty. An outcome study of the testimony therapy method with survivors of the civil war in Mozambique, which included only one testimony therapy session for each participant, did not find any change in symptoms that could be attributed to the testimony therapy intervention (Igreja et al., 2004). In the sample for the current study, participants in the Private group had only one opportunity to tell a trauma narrative to the TRC, while those who were in the Public group had two opportunities. The brief duration of the testimony encounter may therefore explain the absence of any statistically significant association between testimony and current psychiatric status.

In addition to the limited duration of the TRC testimony process when compared with therapeutic processes that have demonstrated effectiveness in reducing posttraumatic pathology, the role of the 'other' may differ substantially in the two contexts. It is apparent from the literature on trauma narratives that posttrauma psychological recovery is facilitated not just by repeated exposure to trauma memories over a number of sessions, but by the active role of the therapist in helping the client to give voice to the emotions and cognitions that are associated with the memories, and to create a meaningful account of the trauma



experience (which includes the development of an explanatory account that can restore shattered meaning propositions, and an exploration of positive, growthful outcomes of the traumatic experience that offer the survivor a sense of purpose). It is possible that the statement-takers who took private statements, and the panel of commissioners at public hearings, did not offer sufficient questions and comments to facilitate these two processes. For example, the analysis of commission responses to high and low forgivers in the Public group (see Table 3 in Chapter 7) indicates that few participants who gave public testimony were asked about their thoughts and feelings regarding the violation. Asking more of these questions might have facilitated the development of an integrated linguistic representation of trauma memories, and hence a reduction in symptoms. Similarly, few of the participants who gave public testimony received questions about the possible motivations of the perpetrator, which might have facilitated the development of an explanatory account, or comments that reframed their suffering as heroic, which might have allowed for the development of a sense of purpose in their suffering. It is possible that in the private testimony context, too, the statement-takers did not ask sufficient questions of this nature to allow the testimony process to ameliorate psychiatric symptoms.

However, the lack of a therapeutic effect of testimony is not the only explanation for the finding that type of testimony is not associated with current psychiatric status in this sample. Given the length of time between testifying at the TRC and participating in the current study, any short-term impact of testimony on psychiatric status (whether that impact was negative or positive) may have abated. For example, any short-term relief associated with giving testimony is unlikely to be sustained in the face of the chronically high levels of criminal and domestic violence, coupled with severe economic deprivation, that characterise the communities from which the sample was drawn. Alternatively, it is possible that, as some observers have suggested, participants may have experienced a worsening of psychiatric symptoms immediately post-testimony, but that this did not result in any lasting psychiatric impairment. At best, then, this study suggests that TRC testimony may not be associated with better or worse psychiatric health in the long-term.

Due to the size of the sample used in the current study, the statistical tests used here have limited power. The finding that type of testimony has no statistically significant association with psychiatric status may indicate only that the effect of testimony on psychiatric status is too small to be detected in a sample of this size. In a larger sample, the association may have

been statistically significant. Since the ethical and practical difficulties inherent in recruiting a large sample of survivors of human rights abuses meant that this study could not be designed to have high statistical power, the possibility of an association between type of testimony and psychiatric status should not be dismissed on the basis of the findings reported here.

Finally, it is important to recognise that giving testimony may have had a beneficial or a damaging effect on psychological sequelae of human rights violations that were not measured in the current study, including psychiatric disorders that were not used as outcome variables here due to their infrequency in the sample, and non-psychiatric sequelae such as self-esteem, quality of relationships and trust in others. The current study measured only a narrow range of psychological outcomes, albeit ones that are commonly reported among survivors of human rights abuses. The findings do not indicate that giving TRC testimony has no psychological benefits or risks at all.

While rates of disorder did not differ significantly across participants who had different testimony experiences, a subsequent exploration of demographic and violation factors that may moderate the relationship between type of testimony and psychiatric outcomes yielded two statistically significant findings. There was a greater than expected frequency of PTSD among public testifiers who had experienced severe ill-treatment, and among private testifiers who are currently single. One possible interpretation of these findings is that giving public TRC testimony increased the risk of PTSD for participants who had been severely ill-treated through political violence, while giving private testimony increased the risk of PTSD for participants who are not currently in a long-term relationship. Why might this be so?

With regard to the former finding, the reasons are unclear. In this sample, participants who had been severely ill-treated had typically also experienced a range of other violations and, as such, did not constitute a completely distinct population. However, it is possible that participants with a history of being severely ill-treated had a particular kind of public testimony experience that differed from the public testimony experience of participants who did not have a history of being severely ill-treated. For example, as with the polarisation in forgiveness attitudes in the Public group, the responses of the commission might have differed for those participants who had been severely ill-treated and those who had not, and the response to the former group may have exacerbated PTSD symptoms. Should this

association be replicated in future research with those who gave testimony at the TRC, or those who give testimony at other truth commissions, an exploration of the public testimony process, for example through an analysis of testimony transcripts, would be a valuable exercise (particularly if the research design minimises the likelihood that selection bias can account for the association).

With regard to the elevated rates of PTSD among single participants who gave private testimony, it is possible that the absence of an ongoing partner relationship increases the likelihood that exposure to traumatic memories when giving a private statement will result in PTSD. That is, a supportive ongoing relationship in the post-testimony environment may mitigate any re-traumatising effects of giving a private statement; however, when exploration of the trauma during private testimony is not able to be contained by an ongoing supportive relationship in the post-testimony environment, PTSD symptoms may develop or be exacerbated. By contrast, the absence of an ongoing partner relationship may not increase the risk of PTSD among those who gave public testimony because the public witnessing of this testimony, together with the empathic acknowledgement offered by the commission, may have been experienced by deponents as more emotionally supportive and containing than the private testimony context. This interpretation assumes that long-term relationships are inherently experienced as supportive, when of course this may not always be the case. Nonetheless, the possible psychiatric risk of giving private testimony among single deponents may be a fruitful avenue for further exploration in future studies of the psychological impact of giving truth commission testimony.

The above interpretations are necessarily tentative, given the small observed frequencies in each case and the possibility that the significant results were the product of a Type I error. Furthermore, it is possible that the apparent moderating effects of severe ill-treatment and relationship status are due to selection bias in the non-random sample, and that giving testimony does not in fact increase the risk of PTSD for some participants.

In sum, the results of the current study can offer no evidence to substantiate the TRC's claims that giving testimony resulted in psychological healing, although only a limited aspect of psychological functioning (namely, psychiatric status) has been considered here. Further, there is some tentative evidence to suggest that giving testimony may actually have been harmful for some participants. However, given the limitations of the research design in the

current study, this latter finding needs to be replicated in future studies before any firm conclusions can be drawn regarding the psychological risks of truth commission testimony.

It is important to note that the degree to which all the above findings can be generalised to other deponents who gave testimony to the TRC is limited by the sampling strategy employed in the current study. As reported in the descriptive statistics in Chapter 6, it does appear that the sample used in the current study is representative of those survivors who gave testimony to the TRC, with regard to gender, age and type of violations experienced. This might suggest that the findings of the current study may be transferable to other deponents who testified at the TRC. However, the non-random procedure for recruiting the sample is likely to have generated a number of sampling biases. For example, it is possible that only those survivors of human rights violations who were least symptomatic volunteered to take part in the study, while those with more severe symptoms may have preferred to avoid participation; on the other hand, it may be that only those survivors who were most distressed were motivated to participate as a form of help seeking, while those with milder psychiatric symptoms did not feel motivated to participate. In either event, it is possible that the sample does not represent the full range of psychiatric severity that characterises survivors who gave testimony to the TRC and that, had a randomly selected sample been used, statistically significant differences in psychiatric status between the three testimony groups may have emerged. Additionally, the gatekeepers used in the current study, and the initial participants who were then asked to suggest other volunteers, may have been biased in the type of participants that they suggested for inclusion. These issues restrict the degree to which findings can be generalised to all those who participated in the TRC testimony process, since the current sample may have certain characteristics that distinguish them from other TRC deponents. The findings regarding the relationship between TRC testimony and psychiatric status ideally require replication in larger, randomised samples before firm conclusions can be drawn.

## **8.2. The TRC as a Site of Forgiveness**

The findings regarding forgiveness warrant more extensive discussion, and are therefore considered in several sections. First, findings regarding the association between type of testimony and forgiveness attitudes are summarised. Thereafter, possible interpretations of these findings, and their theoretical implications, are considered.

### *8.2.1. Summary of Findings Regarding the Association Between Type of Testimony and Forgiveness*

Before discussing the difference in forgiveness attitudes between participants who gave public, private or no testimony to the TRC, it is important to note that the mean forgiveness score for the sample as a whole is substantially below the published norms for the EFI in non-traumatised populations. This suggests that the survivors of human rights abuses sampled in this study are, in general, still deeply resentful and unforgiving towards the perpetrators. While the TRC has highlighted a few isolated cases in which survivors forgave those who violated them, the general lack of forgiveness felt by many survivors has not really been acknowledged by the TRC. This emphasises the danger of using a few case examples to argue that the TRC process facilitated forgiveness for survivors. Rather, it appears that many survivors are still left with feelings of resentment, and further interventions at the national or at the individual level are still required to address these feelings.

As reviewed in Chapter 4, forgiveness is a multi-phasic and gradual process and may be influenced by a number of factors and conditions. TRC testimony is likely to be only one aspect of a long, complex process that is determined by multiple factors. It is therefore perhaps not surprising that, on average, public testifiers, private testifiers and those who gave no testimony did not appear to have significantly different forgiveness attitudes. It seems likely that the testimony process, which entailed one testimony session for Private group participants and two for Public group participants, may be too time-limited to foster the development of forgiveness.

However, the lack of a statistically significant difference in mean forgiveness scores between participants who gave public, private and no testimony does not tell the whole story. A polarisation in forgiveness attitudes was noted among public testifiers in the sample, with all these participants reporting either very forgiving or very unforgiving attitudes. Exploration of factors that may moderate the relationship between type of testimony and forgiveness found statistically significant within-group differences among Public testifiers, which were not apparent for participants who gave private or no testimony. These differences indicated that the polarisation in forgiveness attitudes in the Public group is associated with the type of violation that public testifiers had experienced. Specifically, a regression analysis found that the experience of having had a family killed as the result of political violence explained

almost half of the variance in forgiveness in the Public group. Furthermore, testifying about the killing of a family member explained an even greater portion of the variance. Specifically, low forgiveness was associated with giving testimony about the killing of a family member, while high forgiveness was associated with giving testimony about other violations. The other violations that participants in the Public group testified about were, in most cases, being detained and tortured while in detention, and, in a few cases, being severely ill-treated outside of the detention context.

It is important to bear in mind that the regression results for the relationship between type of testimony and forgiveness have some limitations. Due to the small  $n$  in the Public group, it is possible that the regression equation that was produced may not be replicated in another sample. Forgiveness attitudes among other deponents who gave public testimony to the TRC may not necessarily be associated with whether or not they testified about the killing of a family member. A second limitation of the regression results for forgiveness in the Public group is that, while a substantial portion of the variance in forgiveness can be explained by whether or not the participants testified about the killing of a family member, some of the variance in forgiveness among public testifiers in the sample is still unaccounted for. A larger sample size for the Public group would have allowed for further exploration of other factors that might explain an additional portion of the variance.

Bearing these difficulties in mind, it nevertheless appears that, for the sample in this study, giving public testimony is associated with very low forgiveness when the deponent testifies about the killing of a family member, and very high forgiveness when the deponent testifies about another violation. By contrast, for those participants who gave private statements or had no contact with the TRC, there is no difference in forgiveness attitudes according to the type of violation that was experienced. One possibility raised by this finding is that the experience of giving public testimony may have resulted in low forgiveness for participants who testified about the killing of a family member and high forgiveness for participants who testified about other violations. The second phase of the data analysis explored this possibility.

Given that the forgiveness literature has noted the role that an 'other' (i.e. someone who is not the victim and not the perpetrator) may play in facilitating the forgiveness process for someone who has experienced an injury or offence, the analysis explored the role played by

the commission in the facilitation of forgiveness at public hearings. In light of previous arguments that the TRC coerced deponents to forgive at the public victim hearings, it is important to note that systematic empirical investigation in this study found no evidence that this occurred. Rather, the analysis indicated that the polarisation in forgiveness attitudes between participants who testified about the killing of family member and those who did not may be associated with differential experiences of individualising acknowledgment from the commission at public hearings. Individualising acknowledgement encompasses an exploration of the details of one's unique experience of violation, including details of what was actually done, who the perpetrator was, and what the impact of the violation has been on one's daily role functioning (work, family life etc.). It is an indication of another's interest in, and recognition of, the particular nature of the offence, and provides an opportunity for the victim to recount the details of the offence itself in front of a witness.

The participants who testified about the killing of a family member, all of whom had a very unforgiving attitude towards the perpetrator, did not receive individualising acknowledgement from the commission. This experience was characterised by an absence of questions from the commission about the details of the violation, or very limited questions followed by a universalising statement implying that the deponent's experience was not unique. By contrast, participants who were detained and tortured, all but one of whom were very forgiving, each received individualising acknowledgment from the commission. This was characterised by questions about different aspects of the violation in the absence of any comments that challenged the uniqueness of the deponents' experience. The hypothesis that deponents who testified about the killing of a family member did not receive individualising acknowledgement and were unforgiving, while those who testified about being detained and tortured did receive individualising acknowledgement and were very forgiving, accounted fully for seventeen of the twenty Public group participants (85%) included in the analysis. Three participants represented 'deviant cases' that could not be accounted for by the hypothesis, suggesting that the hypothesis does not fully explain the polarisation in forgiveness attitudes within the Public group. The nature of the relationship between type of testimony and individualising acknowledgement, and between individualising acknowledgement and forgiveness, will now be considered.

### *8.2.2. Relationship Between Type of Violation and Individualising Acknowledgement*

Why did the commission respond with individualising acknowledgement of violation experiences to deponents testifying about being detained and tortured, but not to deponents testifying about the killing of a family member? While it appears that both groups of deponents received a high number of empathic and supportive comments from the commission (that is, comments that acknowledged the deponent's pain and suffering, both in response to the violation and in response to the process of giving testimony), it was only with the former group that the commission chose to explore details of what had been done during the violation, the identity of the perpetrator(s), and the impact of the violation on the deponent's functioning. One possibility is that the death of a loved one was perceived by the commission to be a 'closed' topic: the victim was not available to describe what happened to them, and therefore the story of what occurred to that person could not be explored. The commission created a space for the family member to tell their own story as they chose, but follow up questions about what was actually done to the victim, and by whom, were avoided. This tendency may have emerged from the TRC's conflicting aims, referred to in Chapter 2, of eliciting different kinds of truth. The commission may have attempted to elicit and acknowledge the 'narrative truth' of the family member's own experience, rather than the 'forensic truth' of what actually happened to the victim. The pursuit of 'forensic truth' may have been precluded because the deponent could only give second-hand information about the violation. Indeed, some observers have noted that the commissioners and the media frequently referred to female testifiers, most of whom gave testimony about violations to male family members, as 'secondary witnesses' or 'secondary victims' (Graybill, 2002; Ross, 2003). By contrast, with deponents who were violated themselves, the commission may have felt able to elicit factual details about the violation as a form of 'forensic truth', which could supplement the 'narrative truth' of the deponent's own story.

While this may explain the commission's avoidance of questions regarding the details of the violation and the identity of the perpetrator when hearing testimony from family members of people who had been killed, it does not explain the avoidance of questions about the impact of the violation on the deponent's functioning. None of the deponents who testified about the killing of a family member were asked how the trauma of losing a husband, son or other family member through political violence affected their work, family or social functioning; yet the impact of the violation was commonly explored with deponents who had themselves



been violated. One possible reason for this may be that the commission assumed that while traumatic bereavement may cause emotional distress, only physical injury (through torture or physical assault) could result in functional impairment in the deponent's social and occupational role.

Universalising statements were given by the commission to the majority of family members who testified about the death of a loved one, but were never presented to deponents who testified about being detained and tortured. By making universalising statements about the commonness of traumatic bereavements during the apartheid years, the commission may have intended to emphasise to the public the suffering that was experienced by those who were not on the 'front lines' of the liberation struggle. In its final report, the TRC noted that, when family members testified about the killing of a loved one, they often did so "*without articulating their own suffering...the focus on the primary victim drew attention away from the trauma experienced by the family*" (Truth and Reconciliation Commission, 1998, vol. 1, p. 367). Being aware of this, the commission may have deliberately attempted to heighten the public's awareness of the suffering of families (as opposed to direct victims of human rights violations) by incorporating universalising statements into their responses to the testimonies of deponents whose family members were killed.

#### 8.2.3. *Relationship Between Individualising Acknowledgement and Forgiveness*

How might the presence or absence of individualising acknowledgement from the commission at the public hearings be related to forgiveness? One interpretation is that receiving individualising acknowledgement from the commission at a public hearing facilitated forgiveness among participants who testified about being detained and tortured, while receiving no individualising acknowledgement resulted in the entrenchment of a very unforgiving attitude among participants who testified about the killing of a family member. The possible mechanisms underpinning this process are now discussed in light of existing theory.

The findings of the current study have raised the hypothesis that, for survivors of human rights abuses to develop an attitude of forgiveness towards perpetrators, it may be necessary for them to engage in an exploration of the details of the injury in a context where someone

else publicly indicates interest in, and acknowledgment of, who the perpetrator was and what they actually did. Why might this be so?

Within the framework of Enright and colleagues' model of the forgiveness process (Enright, 2001; Enright & Fitzgibbons, 2000), it is possible that individualising acknowledgment may have facilitated certain tasks in the early phases of the forgiveness process – specifically, the development of insight that one has been injured or wronged by another, and insight into whether and how the injury has compromised one's life. Questions regarding who the perpetrator was, what the perpetrator actually did, and what the impact of this has been, all relate to the nature of the actual injury and its impact upon the victim. It is possible that having an 'other' publicly show interest in the identity of the perpetrator, the nature of the injury or injustice, and the adverse impact of this, may legitimate for survivors a sense that they have indeed been wronged, and may facilitate insight into the effect of this wrong on their life. One of the earliest psychological tasks in the forgiveness process may therefore have been facilitated by receiving individualising acknowledgement about one's violation experience from the commission at a public hearing. However, questions related to subsequent tasks in the forgiveness process modelled by Enright and colleagues (for example, those related to the possible motivations of the perpetrator, and to the desirability of reconciliation) did not appear to differ significantly between high and low forgivers, and it seems unlikely that deponents would develop very forgiving attitudes towards their perpetrators after completing only the very early tasks in the forgiveness process (indeed, if all that public testimony achieves is to highlight the fact that the victim has been wronged and that this has had a negative impact on their life, it seems likely that this would entrench an unforgiving attitude rather than facilitate forgiveness). Other than facilitating some of the early tasks in the forgiveness process, how else might different experiences of individualising acknowledgement affect forgiveness?

An alternative explanation is that individualising acknowledgement, rather than facilitating certain early tasks in the overall forgiveness process as modelled by Enright and colleagues, may in and of itself result in the development of forgiveness. There is an interesting theoretical overlap between the concept of individualising acknowledgement and the healing mechanisms that have been identified in trauma narratives. As reviewed in Chapter 3, the literature on healing mechanisms in trauma narratives has recognised the importance of eliciting details of the traumatic experience in order to facilitate emotional catharsis,

linguistic representation of traumatic memory fragments that return as re-experiencing symptoms, habituation of anxiety about traumatic reminders, and developing a cognitively meaningful account of the trauma. It has also recognised the importance of acknowledgement of injustice by another person in facilitating posttrauma recovery. While current models of forgiveness have suggested that an 'other' may play a role in facilitating forgiveness by actively guiding a victim of injury or injustice through the stages in the forgiveness process, or by simply being a companion who accompanies and supports them through the difficult journey towards forgiveness, these models have not focused on the role that an 'other' may play in eliciting information about, and providing external acknowledgement of, the identity and actions of the perpetrator and the impact of the injury on the person's life. Having another person elicit the details of the offence, and acknowledge these, may not only reduce psychiatric symptoms through various mechanisms, as the literature already suggests, but may also operate to facilitate forgiveness. But through what mechanisms may this occur? It is possible that the mechanisms at work may have to do with the *elicitation* of the details of the offence, or with the *acknowledgement* of the details of the offence by an external witness, or with both of these processes.

It is possible that it is the eliciting by another person (or, in the current context, by the commissioners) of a detailed re-telling of the specific details of who the perpetrator was, and what they did, that affects the forgiveness process. In the same way as eliciting a detailed trauma narrative is theorised to reduce posttraumatic symptomatology, eliciting the details of an injury may facilitate forgiveness through processes of emotional catharsis, developing a linguistically coherent and cognitively meaningful account of the trauma, or habituation of negative affects about the injury. Conversely, the absence of such elicitation may prevent emotional catharsis, the development of a meaningful account of the violation, and the habituation of negative affects related to the violation.

Alternatively, it may be the external acknowledgement of the unique experience of injury offered by another person (or again, in this context, the commissioners), conveyed through their questions, that affects forgiveness. This mechanism may be particularly relevant for survivors of gross human rights abuses. Where the truth of politically motivated violations has long been officially denied by the state, having one's unique individual experience of injury and loss acknowledgment by an official body may be an important condition for forgiving the perpetrator. It is possible that, once this acknowledgment has been received,

feelings of anger, injustice and loss can begin to be released, and one's experience of violation can begin to be imbued with a sense of meaning and purpose. This might allow an attitude of forgiveness to develop. By contrast, those survivors who do not have their unique experience of injury acknowledged by another may feel that their suffering has been invalidated and disavowed by others, in the same way that the state has long denied and dismissed their suffering. The lack of any external acknowledgement of one's unique experience of suffering may serve to entrench, rather than release, feelings of anger, injustice and loss, and to obstruct the process of imbuing one's suffering with meaning and purpose. This may result in a hardening of attitudes towards the perpetrator.

These possibilities suggest an alternative route to forgiveness than that already theorised by the forgiveness literature. The processes of eliciting the details of the violation story, and of acknowledging these details, are both victim-centred. This is in contrast to many existing models of the forgiveness process, which tend to emphasise the importance of developing empathy and compassion for the perpetrator through a consideration of the perpetrator's experience. This indicates that theories of the forgiveness process may need to incorporate processes that are more victim-centred than perpetrator-centred, including elicitation and acknowledgement by another person of the details of the injury that has been suffered.

Despite the apparent overlap in mechanisms that promote psychiatric recovery and the mechanisms that may allow individualising acknowledgement to facilitate forgiveness, those participants who received individualising acknowledgement from the commission at public hearings (that is, those who had been detained and tortured) are only more *forgiving* than those who had a family member killed; they do not appear to be *psychiatrically* better off (as indicated by a lack of statistically significant three-way interactions between type of violation, testimony group and psychiatric outcomes in the log-linear analysis). Why should it be that the commission's elicitation and acknowledgement of details of the violation for survivors of torture is associated with forgiveness, but not with psychiatric improvement? It is possible that elicitation and acknowledgement of details of the violation in a public forum may serve to facilitate forgiveness towards the perpetrator, but that a more extended and possibly more private process of elicitation and acknowledgement by another person may be necessary in order to address post-traumatic psychiatric symptoms. Additionally, as has already been noted, the presence of ongoing stressors and traumas in the communities from which the sample was drawn, during the time lapse between testifying to the commission and

participating in the study, may have annulled any short-term psychiatric gains that resulted from giving testimony.

It is tempting to conclude from the above discussion that a lack of individualising acknowledgement at the public TRC hearings created an unforgiving attitude among family members who testified about the killing of a loved one, and that receiving individualising acknowledgement from the commission at the public hearings facilitated forgiveness among those who testified about being detained and tortured. However, it is also possible that the polarisation in forgiveness attitudes between public testifiers in the sample who testified about the killing of a family member and those who did not, existed prior to the TRC testimony process, and merely reflects a sampling bias by the TRC when selecting deponents to participate in the public victim hearings. When the TRC selected deponents to testify at public hearings about the killing of a family member, they may have selected only those deponents who were very unforgiving. Similarly, when they selected deponents to testify about other violations, they may have selected only those that were very forgiving. This may have been the result of a deliberate strategy, or of unintended bias, among those who selected victims to give public testimony.

These pre-existing differences in forgiveness attitudes may then have elicited different individualising acknowledgement responses from the commission. The way in which unforgiving deponents (most of whom testified about the killing of a family member) presented themselves to the commission (for example, by conveying an emotional fragility when telling their story) may have discouraged the commissioners from exploring the details of the violation, the perpetrator, and the impact of the killing on the deponent, and may also have led the commissioners to attempt to normalise the violation experience through universalisation. Similarly, the way in which highly forgiving deponents (most of whom testified about being detained and tortured) presented themselves to the commission (for example, by conveying an emotional robustness when telling their story) may have encouraged the commissioners to ask many questions about the violation, the perpetrator, and the impact of the violation, and may not have created among the commissioners a need to normalise the violation experience. That is, the commission may have responded with individualising acknowledgement to those Public group participants who were very forgiving, but failed to respond with individualising acknowledgement to those who were very unforgiving.

Since this interpretation cannot be excluded, due to the absence of a pre-testimony measure of forgiveness, it cannot be conclusively demonstrated in the present study that experiences of individualising acknowledgment *caused* the polarisation in forgiveness attitudes noted among public participants in the sample. Future research with truth commission deponents that utilises a pre- and post-test design would enable further exploration of this hypothesis.

#### 8.2.4. *Summary*

To summarise, with regard to the association between testimony and forgiveness attitudes, findings for the participants sampled in this study indicate the following. Firstly, on average, there is no difference in forgiveness attitudes between those who gave public testimony, private testimony or no testimony. However, there is a polarisation in forgiveness attitudes among public testifiers that is not apparent among those who gave private or no testimony. It appears that those who gave testimony about the killing of a family member are extremely unforgiving, while those who testified publicly about other violations are extremely forgiving. This polarisation may be due to differing experiences of individualising acknowledgement from the commission at the public hearings, although a causal relationship, and the direction thereof, cannot be established here.

Given its small size, the degree to which the sample of public testifiers is representative of all survivors who gave public testimony to the TRC is likely to be limited. However, as was noted in Chapter 7, the hypothesis regarding individualising acknowledgement is intended to explain the polarisation in forgiveness attitudes that is apparent in the current sample; generalisation to other samples is neither meaningful nor appropriate unless it can be demonstrated in future research that a similar polarisation in forgiveness attitudes exists among other deponents at the TRC or other truth commissions. The findings do indicate that it is at least possible that a truth commission's response to different types of testimony at public hearings may play a role in deponents' forgiveness attitudes towards perpetrators, but this hypothesis awaits replication in future studies.

The next section will consider the lessons that may be learnt from the present study, in light of its methodological limitations, and recommendations that may be offered with regard to research and practice.

### 8.3. Lessons Learned and Recommendations for Research and Practice

What are the implications of the findings of this study, both for psychological research and for truth commission practice? Firstly, the methodological limitations of this study offer some lessons, and suggest some recommendations, that may benefit future research on the psychological benefits of truth commission testimony. Secondly, while the unique social, political and cultural context of the South African TRC limits the implications of the findings for other truth commissions, some tentative guidelines may be offered for the establishment of truth commissions in other countries. Finally, the findings also suggest some future directions for theory development and research in the area of forgiveness. Each of these will be discussed in turn.

#### *8.3.1. Recommendations for Research on the Psychological Benefits of Truth Commission Testimony*

##### *8.3.1.1. Research Design*

As noted previously throughout this chapter, the limitations of the research design in the current study include the absence of a pre-test with participants and a sampling design that cannot exclude the possibility of selection biases. Taken together, these factors preclude the demonstration of a causal relationship between testimony and psychological outcomes. Additionally, the size of the sample may not have been large enough for statistically significant differences between the testimony groups to be revealed, even if such differences do exist. This is an important consideration for evaluating the finding that type of testimony has no association with the rates of depression, PTSD and other anxiety disorders in the current sample. Also, while the findings indicate that some variables may moderate the relationship between type of testimony and PTSD, and between type of testimony and forgiveness attitudes, the apparent absence of any moderating effect by other variables must be cautiously interpreted, since a larger sample size may have revealed other moderating effects. This study illustrates some of the difficulties involved in balancing ethical and practical considerations regarding sampling procedures with the need for methodological rigour and representivity in studies of the psychological effects of truth commission testimony. As such, the study has some lessons to offer to others who may wish to explore this area of research.

Firstly, ideally, future research on the effectiveness of truth commission testimony in facilitating psychological benefits for deponents would benefit from the use of large, random samples. This could best be achieved by randomly selecting participants from the truth commission's list of deponents. However, this study has illustrated the difficulties involved in such an undertaking. As with the TRC, ethical issues are likely to prevent other truth commissions from releasing the names and contact details of deponents to independent researchers who are not part of the truth commission structure itself. Furthermore, like previous studies with torture survivors in other contexts, this study has been challenged by the ethical considerations concerning the recruitment of survivors of human rights violations into research studies. As with the current study, other researchers who hope to explore the psychological effects of truth commission testimony may therefore have little option but to rely on volunteer samples.

In order to minimise the selection biases that may result from recruiting volunteer participants through gatekeepers and snowball sampling, researchers could request members of the truth commission to inform all deponents who give testimony that they are invited to participate in a research study, and to provide contact details of the researcher(s) to interested participants. Since some selection bias is still likely to remain among those who volunteer to participate, matched experimental groups (that is, participants who give various forms of truth commission testimony) and control groups (that is, participants who have been violated but do not give truth commission testimony) are recommended to control for the influence of other factors, including demographic and violation exposure variables, that may confound the relationship between type of testimony and psychological outcomes. This, however, presupposes that a sufficient number of people volunteer for the study to enable matching participants on a number of variables.

Secondly, future research on the psychological benefits of truth commission testimony should ideally be based on prospective designs that allow for pre- and post-testimony comparisons. This would enable causal relationships to be established between truth commission testimony and psychological outcomes. Again, however, pre-testing would be dependent upon close cooperation between the truth commission and researchers, since researchers would need to have access to prospective deponents before the latter give testimony.



This study has highlighted a number of difficulties in developing a rigorous research design in order to assess the psychological outcomes of truth commission testimony, and the recommended remedies presuppose a high level of involvement between researchers and truth commissions. Ultimately, more rigorous research designs in this area of study would best be facilitated by incorporating an evaluative research agenda into a truth commission's mandate at the outset. The South African TRC included a research department (Truth and Reconciliation Commission, 1998, vol. 1), however its mandate was restricted to gathering information about the context of human rights violations in order to assist the commission in its work, corroborating the statements made by deponents, and facilitating the drafting of the final report. It was not tasked with evaluating the effectiveness of the commission in achieving its aims. It is recommended that, where other truth commissions include psychological healing and forgiveness among their goals, that commission should incorporate a research division tasked with evaluating the commission's effectiveness in achieving these goals. This research division could elicit research proposals from independent researchers, and / or conduct research itself. Such collaboration between truth commissions and researchers would allow more rigorous research designs to be established in future.

#### 8.3.1.2. *Mixed Methods*

This study illustrates that the integrated use of different methods can potentially serve to counter-balance some of the limitations of small, volunteer samples. Despite the historical location of quantitative and qualitative research methods within competing meta-theoretical frameworks, in recent years social science research has begun to move increasingly towards a more pragmatic stance, whereby quantitative and qualitative methods of data collection and analysis are considered to be compatible if both are necessary in order to fully explore a given research question (Brannen, 1992; K. Punch, 1998; Teddlie & Tashakkori, 2003). Those who favour a more pragmatic approach argue that research design decisions should be based on the nature of the phenomenon being studied and the complex demands of the contexts within which the study is conducted, rather than on a choice between philosophical assumptions such as positivism and constructivism (see review by Greene & Caracelli, 2003), and that mixing qualitative and numerical methods is quite legitimate if it will help to address the research question: "*by our pragmatic view, qualitative research...does not imply a commitment to innumeracy*" (Kirk & Miller, cited in Silverman, 2001, p. 35). Quantitative and qualitative methods are today frequently used within a single study, either in sequential

phases or in parallel (Creswell, 2002; Maxwell & Loomis, 2003; Morse, 2003; Teddlie & Tashakkori, 2003). Several authors have argued that this complementarity of methods can enhance the strength of inferences drawn from research findings: each method can make up for the limitations of the other, and the use of different methods can better capture the complex, multifaceted nature of social reality, thereby increasing the scope, depth and power of the research (Greene & Caracelli, 1997, 2003; K. Punch, 1998; Teddlie & Teddlie, 2003). All of this suggests that using quantitative and qualitative data analysis to complement each other can substantially enhance the robustness of the findings.

In the present study, numerical and qualitative, inductive methods have been combined in an attempt to provide a richer and more robust account of the relationship between TRC testimony and forgiveness than would be possible if either method was used alone. The first stage of data analysis utilised quantitative data collection (of both categorical data and scores) and statistical analysis of numerical data. The second phase of data collection sourced data from a small number of existing, textual sources, and then blended quantitative strategies of counting and statistical comparison of frequencies with grounded theory techniques of inductive category development and negative case comparison, in order to generate an explanation for the statistical findings, specifically the results of the ANOVA and regression analyses for the association between type of testimony and forgiveness.

Taken on its own, the robustness of the finding of the regression analysis, which indicates that public testifiers in the sample are polarised in their forgiveness attitudes according to the type of violation they testified about, may be limited by the small sample size. However, the blend of statistical and inductive analytic procedures in the second phase of the study lends further weight to the possibility that the public testimony process had a differential impact on forgiveness attitudes for participants who testified about different types of violations, due to significantly different responses from the commission. Similarly, if the inductive analysis of public testimony transcripts was taken as stand-alone evidence for an association between the type of violation that was testified about and forgiveness attitudes, its value may be limited by concerns regarding the subjectivity of the inductive analytic process with ‘mute’ data that cannot speak back. However, taken together, the statistical findings from the first phase of the data analysis, and the blend of statistical and inductive grounded theory methods in the second phase of the data analysis, not only suggest that differences in forgiveness attitudes between public testifiers exist, but also provide an additional explanatory layer that can

account for why these differences may be present. Combining statistical and qualitative techniques in this way may be of particular value for researchers who are interested in exploring the psychological effects of truth commissions (or, indeed, other areas of research), but are constrained by ethical considerations from working with large random samples, as was the case in the current study.

#### *8.2.1.3. Assessment of Psychological Outcomes*

This study also has some lessons to offer regarding the way in which psychological responses to truth commission testimony may be assessed in future research.

In an attempt to address some of the limitations of previous research with survivors of human rights abuses, this study has assessed a broad range of psychiatric pathology, and has utilised standardised psychiatric interviews (rather than self-reports) in order to do so. The use of comprehensive, valid, reliable and standardised instruments enhances the systematic assessment of the benefits of truth commission testimony, and allows for comparability across different studies. However, while the instruments used to assess psychological outcomes in the current study (namely the MINI and the EFI) have demonstrated reliability and validity for the Western populations on which they were developed, these properties have not been demonstrated for South African samples.

The MINI assesses psychiatric illness from an etic perspective. As noted in Chapter 3, this may exclude important cultural nuances in the expression of psychiatric illness. There is a need for more emic, yet systematic, approaches to assessing the psychological outcomes that may result from giving truth commission testimony. The use of culturally sensitive instruments, which may include a broader conceptualisation of posttraumatic reactions than that which is offered by Western psychiatry, will enhance future research on the psychological impact of truth commissions. Similarly, the measure of forgiveness utilised in this study has the benefit of demonstrated reliability, and allows for standardised, comparable assessment of a complex construct. On the other hand, while the Xhosa version of the EFI used in the current study had adequate construct validity according to the validity measure provided by the scale itself, it is possible that local cultural nuances in the meaning and expression of forgiveness are not adequately captured by the EFI. Again, future truth commission research may be enhanced by the use of forgiveness measures that have been

developed by cultural ‘insiders’ and validated on the cultural population with whom these instruments are used.

The instrument developed for the study to assess exposure to human rights violations (the SIHRV) also has some benefits and limitations. It is advantageous because it allows for standardised assessment of experiences of human rights abuses, enabling comparisons across participants in the sample and comparison with future studies that may utilise the instrument. It is limited, however, because it focuses on establishing the different types of violations that participants have been exposed to without including an evaluation of the subjective meaning of these violations. Experiences of violations such as torture or the killing of a family member are by no means homogenous, yet the SIHRV categorises participants only according to whether or not they have experienced such a violation. The current study has categorised together all people who have experienced the same violation, in order to assess whether exposure to this violation is related to the outcome of testimony. This approach does not take account of the complexity of experiences of violation, and the meaning that is attributed to them, which might be very different amongst people who have had similar types of exposure. The impact of testimony may depend more on the *meaning* attributed to a particular experience of violation and less on whether or not a participant has experienced that type of violation. In future research on the psychological benefits of truth commission testimony, the subjective meaning and impact of violations could also be considered as a moderating variable in this relationship.

Finally, as noted in Chapter 5, the ways in which demographic variables were assessed may have some limitations. In particular, the way in which religiousness and environmental stress and support were measured may not have been adequate and, in future research, comprehensive and validated measures of these variables should be adopted.

### *8.3.2. Recommendations for Truth Commission Practice*

Bearing in mind the methodological limitations of the current study discussed above, what recommendations do the findings suggest for future truth commissions? It is important to acknowledge that the findings of the current study cannot easily be generalised to truth commissions in other contexts. The particular social, political and economic nature of the post conflict society in which a truth commission may be established varies substantially, as

do the types of human rights violations that are most common, and cultural norms of psychiatric illness and forgiveness. It remains to be seen whether the findings of the current study will be replicated in truth commission contexts elsewhere. However, the findings do suggest some general recommendations, for future truth commissions to consider.

The findings of this study indicate that giving truth commission testimony has little relationship with long-term psychiatric health, except for the tentative possibility that giving public testimony may increase the risk of PTSD among survivors who experienced severe ill-treatment, and that private testimony may increase the risk of PTSD for deponents who do not have the support of a long-term relationship in the post-testimony environment. Until the psychological benefits of testimony have been clearly established through future research, it is recommended that truth commissions should form part of, rather than be a substitute for, comprehensive and ongoing therapeutic interventions for individual survivors of human rights violations. While truth commissions can play an important role in establishing historical truth and facilitating reconciliation between groups in a post-conflict society, it may be overly ambitious for such commissions to have a psychotherapeutic goal at the individual level. Until such time as systematic research dis-proves this concern, the allocation of resources in post-conflict societies should include the provision of other forms of psychological support for survivors.

The high level of psychiatric disturbance coupled with the low treatment rate among participants in the current study suggests that survivors in South Africa are currently under-diagnosed and under-treated by the mental health system. The healing capacity of the truth commission process, both in South Africa and elsewhere, may be much enhanced by the provision of adequate, relevant mental health services. This should include routine screenings at primary care level for a history of human rights abuses among patients in contexts where such experiences are prevalent, and the training of primary care physicians and nurses regarding the psychiatric effects of human rights abuses as well as available treatment options. As Hayner (2002) has noted, given the high costs of medical and psychiatric care in a context where resources are scarce, as well as the arguably limited cultural applicability of Western treatment modalities, indigenous healers and existing community resources also have an important role to play in the recovery of survivors of human rights abuses in South Africa. Access to mental health interventions that are culturally appropriate and that address

the specific needs of survivors of human rights abuses, is a vital adjunct to an effective truth and reconciliation process.

While improving psychiatric difficulties amongst survivors might be an overly-ambitious goal for truth commissions, the findings of the current study suggest that it may be feasible for truth commissions to have goals of individual forgiveness, in addition to national reconciliation. While replication with other samples is required before the findings can be generalised to other truth commission contexts, the findings of this study raise the possibility that in order for forgiveness to be facilitated by testimony, all deponents (regardless of the violation they are testifying about) may need to experience individualising acknowledgement from the panel of commissioners. This should include an exploration by the panel of commissioners of the particular details of the violation, of the perpetrator of the violation, and of the effects of the violation. The findings with this sample suggest that, in the absence of this kind of exploration, truth commission panels should take care not to convey to deponents that their experiences are commonplace. Truth commissions are therefore faced with creating a delicate balance between conveying to deponents that they are part of a community of survivors of human rights abuses, but also that their own experience of violation is unique and important.

Although receiving individualising acknowledgement may enhance forgiveness for deponents who give testimony, it is also important for truth commissions to acknowledge that many survivors of human rights abuses may harbour feelings of deep resentment and anger towards those who have abused them, and that supplementary processes (such as victim-offender mediation) may need to be initiated in order to provide a space where survivors can express and work through these feelings.

#### *8.3.3. Recommendations for Forgiveness Research*

Some new directions for research in the area of forgiveness are suggested by the findings of the current study. The findings indicate that models of the forgiveness process may need to incorporate a more victim-centred approach, to supplement the emphasis on developing empathy for the perpetrator. While the current study cannot conclusively demonstrate that having one's unique experience of injury and injustice either elicited or ignored by another person has an impact upon forgiveness attitudes, this possibility should be further explored.

In particular, the degree to which the exploration of such details needs to take place within a relational context, and the degree to which *elicitation* as opposed to *acknowledgement* by another person is the active mechanism in the development of forgiveness, warrant theoretical and empirical attention. This can begin to be investigated by comparing forgiveness outcomes between people who are given the opportunity to write down the details of their experience of injury for themselves, those who are given the opportunity to describe these details to another person, and those from whom such a description is not elicited at all. It would also be enlightening to compare the forgiveness process among people who follow self-help guides for developing forgiveness (such as that developed by Enright, 2001) and those who complete the same steps in the context of a relationship with a therapist or counsellor (as delineated by Enright & Fitzgibbons, 2000).

It is also possible that the presence or absence of individualising acknowledgement of the details of the injury only affects forgiveness for those who have experienced human rights violations (which have typically been denied or ignored by official institutions), but does not affect the forgiveness process for those who experienced other kinds of interpersonal offences. It is further possible that for survivors of human rights abuses, it is the *public* context of the presence or absence of individualising acknowledgement that impacts upon forgiveness. Both of these possibilities could potentially be explored empirically in studies with survivors of human rights abuses, whether in the context of a truth commission, or in clinical settings such as those servicing refugees and asylum seekers who have survived human rights violations.

#### 8.4. Conclusion

The findings of this study, while constrained by a number of methodological limitations, suggest several tentative conclusions regarding the relationship between type of TRC testimony, psychiatric status and forgiveness.

It appears that, for the current sample, the process of giving either private or public testimony about a violation of human rights may not be sufficient to ameliorate psychiatric pathology. This may be due to the brevity of the testimony process, or to the limited role of the commission and statement-takers in actively facilitating the mechanisms that have been associated with psychological recovery through developing a trauma narrative. Furthermore,

there is tentative evidence to indicate that the process of giving public testimony may increase the risk of PTSD for participants who have experienced violations that constitute severe ill-treatment, while the process of giving private testimony may increase the risk of PTSD for participants who are single. However, these conclusions need to be weighed within the context of possible issues of sampling bias, limited statistical power, the use of measures of psychiatric disorder that may not be culturally sensitive, and the role of exposure to other traumas and stressors in the post-testimony context, and await replication in future studies that address some of the methodological limitations of the current study.

It also appears that the process of giving private testimony may have no relationship to the forgiveness attitudes of deponents, regardless of the deponent's demographic profile or violation history, but that the process of giving public testimony may be associated with extreme forgiveness attitudes that are moderated by the type of violation that deponents testify about. Participants who testified publicly about the killing of a family member seem to hold very unforgiving attitudes towards the perpetrator(s) of the killing, while participants who testified publicly about being violated themselves appear to hold very forgiving attitudes towards the perpetrator(s). The findings of this study suggest the possibility that this polarisation of forgiveness attitudes among public testifiers may arise from the type of response that they received from the commission at the public hearings. Specifically, it is suggested here that deponents who testified about being detained and tortured may have received individualising acknowledgement from the commission regarding their unique experience of injury or injustice, and that this may have facilitated a high level of forgiveness. Conversely, deponents who testified about the killing of a family member may not have received individualising acknowledgement from the commission, and this may have resulted in a hardening of forgiveness attitudes. This conclusion is tentatively drawn since the design of this study does not enable firm conclusions regarding causality. However, Flanigan (1998) has argued that "*glimmers of information about forgiving are so rare that we must look at them for their contributions to theory building*" (p. 96). The findings of the current study, while limited, do seem to move forgiveness theory towards a further consideration of the role of an 'other' in facilitating forgiveness through processes of elicitation and / or acknowledgement of the details of the injury or violation. The role of a public 'other' in facilitating or impeding forgiveness may be particularly important for survivors of gross human rights abuses, whose experiences have typically long been officially denied. Survivors of human rights abuses have historically not been included in the forgiveness literature, and



this study therefore sheds some light on a population about which little is currently known with regard to forgiveness.

Despite the difficulties inherent in conducting research on the psychological impact of truth commission testimony, it is important that such studies continue to be conducted. The ongoing use of truth commission testimony as a potential site for psychological healing should be predicated upon systematic and rigorous research that lends support to such claims. Researchers need to be aware of the methodological, ethical and cultural parameters within which truth commission studies are located and, like the current study has sought to do, find creative ways to maximise the rigour and robustness of the findings within these parameters. The methodology of the current study has some advantages that can be incorporated into future research, as well as some limitations that future research can attempt to remedy. The findings of the study suggest several recommendations for future research on the psychological benefits of truth commission testimony, for the way in which truth commissions frame and set out to achieve their goals, and for the development of forgiveness theory and research. It is hoped that this research will provide a springboard for further systematic investigation of the benefits of truth commission testimony, in order to maximise the contribution that truth commissions can offer to the psychological recovery of survivors of human rights violations.

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**APPENDIX 1:**

**TRC's Coding Framework for Gross Human Rights Violations**

**(Truth and Reconciliation Commission, 1998, vol. 5)**

<b>CATEGORY OF HUMAN RIGHTS VIOLATION</b>	<b>TYPES OF VIOLATION INCLUDED</b>
<b>KILLING</b>	Beaten to death Burnt to death Killed by poison, drugs or chemicals Killed by drowning Killed by electrocution Killing by death sentence Killed in an explosion Killed by exposure to extremes (heat, cold etc.) Necklacing (specific type of burning, involving petrol and tyre) Petrol bomb Shot dead Stabbed to death Suspicious suicide or accident Stoned to death Tortured to death Killing involving vehicle Unknown cause of death Other type of killing
<b>TORTURE</b>	Torture by beating Torture by burning Torture with poison, drugs or chemicals Torture by deprivation Electric shock torture Torture by exposure to extremes Psychological or mental torture Torture by bodily mutilation Torture by forced posture Torture by sexual assault Torture by suffocation Unknown type of torture Other type of torture (including use of animals)

CATEGORY OF HUMAN RIGHTS VIOLATION	TYPES OF VIOLATION INCLUDED
SEVERE ILL-TREATMENT	Severely beaten Injured by burning Injured by poison, drugs or chemicals Injured in an explosion Severe psychological or mental ill-treatment (e.g. simulated execution, death threats) Bodily mutilation Necklacing Sexual assault Injured in a shooting Stabbed or hacked with a sharp object Injured in a stoning Severe injury caused by teargas Injury through deliberate suffocation Injury involving a vehicle Unknown type of severe ill-treatment Other type of severe ill-treatment
ABDUCTION	Illegal and forcible abduction (forcibly and illegally taken away and then returned or released) Disappearance (forcibly and illegally taken away and never seen again)
ASSOCIATED VIOLATIONS	Beating Violation after death Deprivation of facilities or essentials Destruction of property Financial impropriety (extortion, blackmail) Framing (labeled as an informer, smear campaign) Incarceration or imprisonment (includes police custody and detention without trial) Intimidation or harassment Sexual harassment Petrol bombing Professional misconduct Teargassed Theft or stealing Other type of associated violation

## APPENDIX 2:

## Demographic Questionnaire

1. Sex (Please check X):              Male ☐<sub>1</sub>          Female ☐<sub>2</sub>

2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / 19\_\_\_\_  
Month Day Year

3. Age: \_\_\_\_\_YRS

4. Relationship Status (please check X):

Currently married or in a long-term relationship	Not currently married or in a long-term relationship
1	2

5. Highest Educational Level (please check X):

Primary (up to std 5)	Secondary	Tertiary
1	2	3

6. Employment Status (please check X):

Currently employed	Currently unemployed
1	2

- ## 7. Type of housing

Formal dwelling	Informal dwelling (describe)
1	2

8. How religious are you?

Not at all religious	Quite religious	Very religious
1	2	3

- ## 9. Type of TRC testimony

Public	Private	None
1	2	3

Year that testimony was given: 19.....

If no TRC testimony was given, what is the reason? .....

10. Are you aware of an amnesty trial that has been conducted for any person(s) who committed a human rights violation against you?

No☐\_1Yes☐\_2

Did you attend?No☐\_1Yes☐\_2

Did you give testimony there?No☐\_1Yes☐\_2

Was the person granted amnesty?No☐\_1Yes☐\_2

11. Have you received any reparations from the TRC?

No☐\_1Yes☐\_2

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### APPENDIX 3:

#### **Structured Interview for Human Rights Violations (SIHRV)**

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MRC Unit on Anxiety and Stress Disorders, Dept of Psychiatry, University of Stellenbosch.

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#### Introduction:

For this research, it is important for us to know exactly what kinds of human rights violations you have experienced. So I am going to ask you to tell me about your experiences. I understand that this may be difficult or upsetting for you. Try to answer the questions as best you can, but if you don't want to answer a question, that's okay. Just say so and we will go on to the next question. Remember that your answers are absolutely confidential. Your name does not go on this questionnaire and only myself and the two other researchers will see this questionnaire.

1. During the period 1960 to 1993, was a member of your family **killed** by the police, the security forces, or members of a political organisation, because of political conflict or for a political motive?

No ☐<sub>1</sub>

Yes ☐<sub>2</sub>

No. of times: \_\_\_\_\_

Relationship(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

2. During the period 1960 to 1993, were you or a family member ever **detained** in prison because of political activities?

Participant:

No ☐<sub>1</sub>

Yes ☐<sub>2</sub>

No. of times: \_\_\_\_\_

Date(s): \_\_\_\_\_

Duration: \_\_\_\_\_

Family member:

No ☐<sub>1</sub>

Yes ☐<sub>2</sub>

No. of times: \_\_\_\_\_

Relationship(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Duration: \_\_\_\_\_

3. During the period 1960 to 1993, were you or a member of your family ever **tortured** by the police, the security forces, or members of a political organisation, because of political conflict or for a political motive? (Note to interviewer: torture must have happened IN CAPTIVITY, e.g. detention or kidnapped/abducted and held against their will).

Participant:		Family member:	
No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2	No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2
	No. of times: _____		No. of times: _____
	Date: _____		Relationship(s): _____
			Date(s): _____

4. Between 1960 and 1993, were you or a family member ever **abducted** by the police, the security forces, or a members of a political organisation, because of political conflict or for a political motive, and then released? (I don't mean being arrested or detained in jail, I mean being forcibly and illegally kidnapped or taken away somewhere).

Participant:		Family member:	
No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2	No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2
	No. of times: _____		No. of times: _____
	Date: _____		Relationship(s): _____
			Date(s): _____

5. During the period 1960 to 1993, was a member of your family **taken away** by the police, the security forces, or members of a political organisation, because of political conflict or for a political motive, and then never seen again?

No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2
	No. of times: _____
	Relationship(s): _____
	Date(s): _____

6. Other than what you have already told me, were you or a family member ever **physically hurt** by the police, the security forces, or members of a political organisation, because of political conflict or for a political motive?

Participant:		Family member:	
No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2	No <input type="checkbox"/> _1	Yes <input type="checkbox"/> _2
	No. of times: _____		No. of times: _____
	Date: _____		Relationship(s): _____
			Date(s): _____

7. During the period 1960 to 1993, was your home or property damaged by the police, security forces, or members of a political organisation, because of political conflict or for a political motive?

No ☐<sub>1</sub>

Yes ☐<sub>2</sub>  
No. of times: \_\_\_\_\_  
Date: \_\_\_\_\_

8. Of all the experiences you have told me about, which one was the MOST traumatic/distressing/difficult for you?

When a family member was killed	1	
When I was detained	2	
When a family member was detained	3	
When I was tortured	4	
When a family member was tortured	5	
When I was abducted	6	
When a family member was abducted	7	
When a family member disappeared	8	
When I was severely ill-treated	9	
When a family member was severely ill-treated	10	
When my home/property was damaged	11	



**APPENDIX 4:**

**Enright Forgiveness Inventory (Adapted)**

(If person had more than one violation on the SIHRV: Remember you said that the worst violation was \_\_\_\_\_).

I am now going to ask you about your attitude towards the person who committed that violation against you. Remember that this is confidential. Your name will not go on this questionnaire and no one outside the research team will see this questionnaire.

These items deal with your **feelings** or **emotions** towards the person right now. Think carefully about your feelings for the person on each item. Then tell me which of these answers best describes how you feel towards the person (show participant the scale and read them the response options). Please respond to every item.

I feel \_\_\_\_\_ towards him/her (place each word in the blank space when answering each question)

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. warm	1	2	3	4	5	6
2. negative	1	2	3	4	5	6
3. kindness	1	2	3	4	5	6
4. happy	1	2	3	4	5	6
5. hostile	1	2	3	4	5	6
6. positive	1	2	3	4	5	6
7. unloving	1	2	3	4	5	6
8. resentment	1	2	3	4	5	6
9. goodwill	1	2	3	4	5	6
10. angry	1	2	3	4	5	6
11. cold	1	2	3	4	5	6
12. dislike	1	2	3	4	5	6
13. caring	1	2	3	4	5	6

14. bitter	1	2	3	4	5	6
15. good	1	2	3	4	5	6
16. affection	1	2	3	4	5	6
17. friendly	1	2	3	4	5	6
18. disgust	1	2	3	4	5	6

These items deal with your **behaviour** towards the person now. Think carefully about how you do act or would act towards the person. Then tell me which of these answers best describes how you behave or would behave (show participant the scale and read them the response options). Please respond to every item.

Regarding the person, I do or would \_\_\_\_\_(place each word in the blank space when answering the question).

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
19. show friendship	1	2	3	4	5	6
20. avoid	1	2	3	4	5	6
21. ignore	1	2	3	4	5	6
22. neglect	1	2	3	4	5	6
23. help	1	2	3	4	5	6
24. put him/her down	1	2	3	4	5	6
25. treat gently	1	2	3	4	5	6
26. be considerate	1	2	3	4	5	6
27. speak badly about him/her	1	2	3	4	5	6
28. reach out to him/ her	1	2	3	4	5	6
29. not pay attention to him/her	1	2	3	4	5	6
30. lend him or her a hand	1	2	3	4	5	6

31. not speak to him/ her	1	2	3	4	5	6
32. act negatively	1	2	3	4	5	6
33. establish good relations with him/her	1	2	3	4	5	6
34. stay away	1	2	3	4	5	6
35. do a favour	1	2	3	4	5	6
36. help him/her in trouble	1	2	3	4	5	6
37. be nasty when talking about him/her	1	2	3	4	5	6
38. attend his/her party	1	2	3	4	5	6

These questions deal with how you **think** about the person now. Think about the kinds of thoughts that you currently have about this person. Then tell me which of these answers best describes your thinking (show participant the scale and read them the response options). Please fill in every item. Thank you.

I think he or she is \_\_\_\_\_(place each word in the blank space when answering the question)

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
39. wretched	1	2	3	4	5	6
40. evil	1	2	3	4	5	6
41. horrible	1	2	3	4	5	6
42. of good quality	1	2	3	4	5	6
43. worthy of respect	1	2	3	4	5	6
44. loving	1	2	3	4	5	6
45. worthless	1	2	3	4	5	6
46. immoral	1	2	3	4	5	6

47. a good person	1	2	3	4	5	6
48. nice	1	2	3	4	5	6
49. corrupt	1	2	3	4	5	6
Regarding the person, I _____						
50. wish him/her well	1	2	3	4	5	6
51. disapprove of him/her	1	2	3	4	5	6
52. think favourably of him/her	1	2	3	4	5	6
53. hope he/she does well in life	1	2	3	4	5	6
54. condemn the person	1	2	3	4	5	6
55. hope he/she succeeds	1	2	3	4	5	6
56. hope he/she finds happiness	1	2	3	4	5	6

Think about the person and what they did to you. Then answer these final questions.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
57. There really was no problem, now that I think about it	1	2	3	4	5	6
58. I was never bothered by what happened	1	2	3	4	5	6
59. The person was not wrong in what he/she did to me	1	2	3	4	5	6
60. My feelings were never hurt	1	2	3	4	5	6

61. What the person did was fair

1

2

3

4

5

6

62. To what extent have you forgiven the person for what they did to you? (please put an X)

Not at all

In the process of forgiving him/her

Completely forgiven him/her

1

2

3

4

5

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**APPENDIX 5:**

**Consent Form**

You are invited to participate in a study of the effects of human rights violations and of the Truth and Reconciliation Commission (TRC). This research will help us to understand how people are affected by experiences like human rights violations, and how people have experienced the TRC. You were selected as a possible participant in this study because you have experienced a human rights violation.

If you decide to participate, we will ask you to complete an interview with a researcher which will last approximately 2-3 hours. In the interview, you will be asked questions about violations of human rights that you may have experienced, and your reactions to these experiences. You will also be asked questions about your attitude towards the TRC.

Your participation in this project involves the following risks: The questions are personal and could cause some distress. You may become sad, nervous or angry when talking about your experiences of human rights violations or other stressful events. You may also become tired during the interview. You are free to stop the interview at any time, or refuse to answer any question, and you do not have to give a reason. If you feel very upset in the days after the interview, you should contact the researcher, who will tell you where to go for help.

We cannot promise that you will receive any benefits from this study. However, many people find that talking about stressful experiences, like human rights violations, makes them feel better. Also, the study will provide an opportunity for survivors of human rights violations, like yourself, to tell their story and have it documented.

Any information obtained during this study will remain absolutely confidential. Your name will not be used. Other than the researchers, no one will be allowed to see the information obtained.

You will not be responsible for any costs associated with this study.

If you decide to participate, you are free to stop participation at any time.

You will be offered a copy of this form to keep.

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Signature of participant

-----  
Date

-----  
Signature of researcher

-----  
Date

